

FIRST REGULAR SESSION  
[TRULY AGREED TO AND FINALLY PASSED]  
CONFERENCE COMMITTEE SUBSTITUTE FOR  
HOUSE COMMITTEE SUBSTITUTE FOR  
SENATE SUBSTITUTE FOR  
SENATE COMMITTEE SUBSTITUTE FOR  
**SENATE BILL NO. 157**  
102ND GENERAL ASSEMBLY  
2023

0779S.09T

---

---

**AN ACT**

To repeal sections 190.255, 191.500, 191.505, 191.510, 191.515, 191.520, 191.525, 191.530, 191.535, 191.540, 191.545, 191.550, 191.600, 191.828, 191.831, 193.145, 193.265, 195.070, 195.100, 195.206, 281.102, 324.520, 331.020, 331.060, 334.036, 334.043, 334.100, 334.104, 334.506, 334.613, 334.735, 334.747, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 335.203, 335.212, 335.215, 335.218, 335.221, 335.224, 335.227, 335.230, 335.233, 335.236, 335.239, 335.242, 335.245, 335.248, 335.251, 335.254, 335.257, 337.510, 337.615, 337.644, 337.665, 338.010, 340.200, 340.216, 340.218, and 340.222, RSMo, and section 192.530 as truly agreed to and finally passed by senate substitute for house bill no. 402, one hundred second general assembly, first regular session, and to enact in lieu thereof ninety-four new sections relating to professions requiring licensure, with penalty provisions and an emergency clause for a certain section.

---

---

*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Sections 190.255, 191.500, 191.505, 191.510,  
2 191.515, 191.520, 191.525, 191.530, 191.535, 191.540, 191.545,  
3 191.550, 191.600, 191.828, 191.831, 193.145, 193.265, 195.070,  
4 195.100, 195.206, 281.102, 324.520, 331.020, 331.060, 334.036,  
5 334.043, 334.100, 334.104, 334.506, 334.613, 334.735, 334.747,  
6 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076,

**EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.**

7 335.086, 335.175, 335.203, 335.212, 335.215, 335.218, 335.221,  
8 335.224, 335.227, 335.230, 335.233, 335.236, 335.239, 335.242,  
9 335.245, 335.248, 335.251, 335.254, 335.257, 337.510, 337.615,  
10 337.644, 337.665, 338.010, 340.200, 340.216, 340.218, and  
11 340.222, RSMo, and section 192.530 as truly agreed to and  
12 finally passed by senate substitute for house bill no. 402, one  
13 hundred second general assembly, first regular session, are  
14 repealed and ninety-four new sections enacted in lieu thereof,  
15 to be known as sections 190.255, 191.430, 191.435, 191.440,  
16 191.445, 191.450, 191.592, 191.600, 191.828, 191.831, 193.145,  
17 193.265, 195.070, 195.100, 195.206, 281.102, 324.520, 331.020,  
18 331.060, 334.036, 334.043, 334.100, 334.104, 334.506, 334.613,  
19 334.735, 334.747, 334.1600, 334.1605, 334.1610, 334.1615,  
20 334.1620, 334.1625, 334.1630, 334.1635, 334.1640, 334.1645,  
21 334.1650, 334.1655, 334.1660, 334.1665, 334.1670, 334.1675,  
22 334.1680, 334.1685, 334.1690, 334.1695, 334.1700, 334.1705,  
23 334.1710, 334.1715, 334.1720, 335.016, 335.019, 335.036,  
24 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 335.203,  
25 335.205, 337.510, 337.550, 337.615, 337.644, 337.665, 337.1000,  
26 337.1005, 337.1010, 337.1015, 337.1020, 337.1025, 337.1030,  
27 337.1035, 337.1040, 337.1045, 337.1050, 337.1055, 337.1060,  
28 337.1065, 337.1070, 337.1075, 338.010, 338.012, 340.200,  
29 340.216, 340.218, 340.222, 344.045, 344.055, 344.102, and 1, to  
30 read as follows:

190.255. 1. Any qualified first responder may obtain  
2 and administer naloxone, **or any other drug or device**  
3 **approved by the United States Food and Drug Administration,**  
4 **that blocks the effects of an opioid overdose and is**  
5 **administered in a manner approved by the United States Food**  
6 **and Drug Administration** to a person suffering from an  
7 apparent narcotic or opiate-related overdose in order to  
8 revive the person.

9           2. Any licensed drug distributor or pharmacy in  
10 Missouri may sell naloxone, **or any other drug or device**  
11 **approved by the United States Food and Drug Administration,**  
12 **that blocks the effects of an opioid overdose and is**  
13 **administered in a manner approved by the United States Food**  
14 **and Drug Administration** to qualified first responder  
15 agencies to allow the agency to stock naloxone **or other such**  
16 **drugs or devices** for the administration of such drug **or**  
17 **device** to persons suffering from an apparent narcotic or  
18 opiate overdose in order to revive the person.

19           3. For the purposes of this section, "qualified first  
20 responder" shall mean any [state and local law enforcement  
21 agency staff,] fire department personnel, fire district  
22 personnel, or licensed emergency medical technician who is  
23 acting under the directives and established protocols of a  
24 medical director of a local licensed ground ambulance  
25 service licensed under section 190.109, **or any state or**  
26 **local law enforcement agency staff member,** who comes in  
27 contact with a person suffering from an apparent narcotic or  
28 opiate-related overdose and who has received training in  
29 recognizing and responding to a narcotic or opiate overdose  
30 and the administration of naloxone, **or any other drug or**  
31 **device approved by the United States Food and Drug**  
32 **Administration, that blocks the effects of an opioid**  
33 **overdose and is administered in a manner approved by the**  
34 **United States Food and Drug Administration** to a person  
35 suffering from an apparent narcotic or opiate-related  
36 overdose. "Qualified first responder agencies" shall mean  
37 any state or local law enforcement agency, fire department,  
38 or ambulance service that provides documented training to  
39 its staff related to the administration of naloxone **or other**

40 **such drugs or devices** in an apparent narcotic or opiate  
41 overdose situation.

42 4. A qualified first responder shall only administer  
43 naloxone, or any other drug or device approved by the United  
44 States Food and Drug Administration, that blocks the effects  
45 of an opioid overdose and is administered in a manner  
46 approved by the United States Food and Drug Administration  
47 by such means as the qualified first responder has received  
48 training for the administration of naloxone or other such  
49 drugs or devices.

191.430. 1. There is hereby established within the  
2 department of health and senior services the "Health  
3 Professional Loan Repayment Program" to provide forgivable  
4 loans for the purpose of repaying existing loans related to  
5 applicable educational expenses for health care, mental  
6 health, and public health professionals. The department of  
7 health and senior services shall be the administrative  
8 agency for the implementation of the program established by  
9 this section.

10 2. The department of health and senior services shall  
11 prescribe the form and the time and method of filing  
12 applications and supervise the processing, including  
13 oversight and monitoring of the program, and shall  
14 promulgate rules to implement the provisions of sections  
15 191.430 to 191.450. Any rule or portion of a rule, as that  
16 term is defined in section 536.010, that is created under  
17 the authority delegated in this section shall become  
18 effective only if it complies with and is subject to all of  
19 the provisions of chapter 536 and, if applicable, section  
20 536.028. This section and chapter 536 are nonseverable and  
21 if any of the powers vested with the general assembly  
22 pursuant to chapter 536 to review, to delay the effective

23 date, or to disapprove and annul a rule are subsequently  
24 held unconstitutional, then the grant of rulemaking  
25 authority and any rule proposed or adopted after August 28,  
26 2023, shall be invalid and void.

27 3. The director of the department of health and senior  
28 services shall have the discretion to determine the health  
29 professionals and practitioners who will receive forgivable  
30 health professional loans from the department to pay their  
31 existing loans. The director shall make such determinations  
32 each fiscal year based on evidence associated with the  
33 greatest needs in the best interests of the public. The  
34 health care, mental health, and public health professionals  
35 or disciplines funded in any given year shall be contingent  
36 upon consultation with the office of workforce development  
37 in the department of higher education and workforce  
38 development and the department of mental health, or their  
39 successor agencies.

40 4. The department of health and senior services shall  
41 enter into a contract with each selected applicant who  
42 receives a health professional loan under this section.  
43 Each selected applicant shall apply the loan award to his or  
44 her educational debt. The contract shall detail the methods  
45 of forgiveness associated with a service obligation and the  
46 terms associated with the principal and interest accruing on  
47 the loan at the time of the award. The contract shall  
48 contain details concerning how forgiveness is earned,  
49 including when partial forgiveness is earned through a  
50 service obligation, and the terms and conditions associated  
51 with repayment of the loans for any obligation not served.

52 5. All health professional loans shall be made from  
53 funds appropriated by the general assembly to the health

54 professional loan incentive fund established in section  
55 191.445.

191.435. The department of health and senior services  
2 shall designate counties, communities, or sections of areas  
3 in the state as areas of defined need for health care,  
4 mental health, and public health services. If a county,  
5 community, or section of an area has been designated or  
6 determined as a professional shortage area, a shortage area,  
7 or a health care, mental health, or public health  
8 professional shortage area by the federal Department of  
9 Health and Human Services or its successor agency, the  
10 department of health and senior services shall designate it  
11 as an area of defined need under this section. If the  
12 director of the department of health and senior services  
13 determines that a county, community, or section of an area  
14 has an extraordinary need for health care professional  
15 services without a corresponding supply of such  
16 professionals, the department of health and senior services  
17 may designate it as an area of defined need under this  
18 section.

191.440. 1. The department of health and senior  
2 services shall enter into a contract with each individual  
3 qualifying for a forgivable loan under sections 191.430 to  
4 191.450. The written contract between the department and  
5 the individual shall contain, but not be limited to, the  
6 following:

7 (1) An agreement that the state agrees to award a loan  
8 and the individual agrees to serve for a period equal to two  
9 years, or a longer period as the individual may agree to, in  
10 an area of defined need as designated by the department,  
11 with such service period to begin on the date identified on  
12 the signed contract;

13           (2) A provision that any financial obligations arising  
14 out of a contract entered into and any obligation of the  
15 individual that is conditioned thereon is contingent upon  
16 funds being appropriated for loans;

17           (3) The area of defined need where the person will  
18 practice;

19           (4) A statement of the damages to which the state is  
20 entitled for the individual's breach of the contract; and

21           (5) Such other statements of the rights and  
22 liabilities of the department and of the individual not  
23 inconsistent with sections 191.430 to 191.450.

24           2. The department of health and senior services may  
25 stipulate specific practice sites, contingent upon  
26 department-generated health care, mental health, and public  
27 health professional need priorities, where applicants shall  
28 agree to practice for the duration of their participation in  
29 the program.

          191.445. There is hereby created in the state treasury  
2 the "Health Professional Loan Incentive Fund", which shall  
3 consist of any appropriations made by the general assembly,  
4 all funds recovered from an individual under section  
5 191.450, and all funds generated by loan repayments received  
6 under sections 191.430 to 191.450. The state treasurer  
7 shall be custodian of the fund. In accordance with sections  
8 30.170 and 30.180, the state treasurer may approve  
9 disbursements. The fund shall be a dedicated fund and, upon  
10 appropriation, moneys in this fund shall be used solely by  
11 the department of health and senior services to provide  
12 loans under sections 191.430 to 191.450. Notwithstanding  
13 the provisions of section 33.080 to the contrary, any moneys  
14 remaining in the fund at the end of the biennium shall not  
15 revert to the credit of the general revenue fund. The state

16 treasurer shall invest moneys in the fund in the same manner  
17 as other funds are invested. Any interest and moneys earned  
18 on such investments shall be credited to the fund.

191.450. 1. An individual who enters into a written  
2 contract with the department of health and senior services,  
3 as described in section 191.440, and who fails to maintain  
4 an acceptable employment status shall be liable to the state  
5 for any amount awarded as a loan by the department directly  
6 to the individual who entered into the contract that has not  
7 yet been forgiven.

8 2. An individual fails to maintain an acceptable  
9 employment status under this section when the contracted  
10 individual involuntarily or voluntarily terminates  
11 qualifying employment, is dismissed from such employment  
12 before completion of the contractual service obligation  
13 within the specific time frame outlined in the contract, or  
14 fails to respond to requests made by the department.

15 3. If an individual breaches the written contract of  
16 the individual by failing to begin or complete such  
17 individual's service obligation, the state shall be entitled  
18 to recover from the individual an amount equal to the sum of:

19 (1) The total amount of the loan awarded by the  
20 department or, if the department had already awarded partial  
21 forgiveness at the time of the breach, the amount of the  
22 loan not yet forgiven;

23 (2) The interest on the amount that would be payable  
24 if at the time the loan was awarded it was a loan bearing  
25 interest at the maximum prevailing rate as determined by the  
26 Treasurer of the United States;

27 (3) An amount equal to any damages incurred by the  
28 department as a result of the breach; and

29           (4) Any legal fees or associated costs incurred by the  
30 department or the state of Missouri in the collection of  
31 damages.

          191.592. 1. For purposes of this section, the  
2 following terms mean:

3           (1) "Department", the department of health and senior  
4 services;

5           (2) "Eligible entity", an entity that operates a  
6 physician medical residency program in this state and that  
7 is accredited by the Accreditation Council for Graduate  
8 Medical Education;

9           (3) "General primary care and psychiatry", family  
10 medicine, general internal medicine, general pediatrics,  
11 internal medicine-pediatrics, general obstetrics and  
12 gynecology, or general psychiatry;

13           (4) "Grant-funded residency position", a position that  
14 is accredited by the Accreditation Council for Graduate  
15 Medical Education, that is established as a result of  
16 funding awarded to an eligible entity for the purpose of  
17 establishing an additional medical resident position beyond  
18 the currently existing medical resident positions, and that  
19 is within the fields of general primary care and  
20 psychiatry. Such position shall end when the medical  
21 residency funding under this section is completed or when  
22 the resident in the medical grant-funded residency position  
23 is no longer employed by the eligible entity, whichever is  
24 earlier;

25           (5) "Participating medical resident", an individual  
26 who is a medical school graduate with a doctor of medicine  
27 degree or doctor of osteopathic medicine degree, who is  
28 participating in a postgraduate training program at an

29 eligible entity, and who is filling a grant-funded residency  
30 position.

31       2. (1) Subject to appropriation, the department shall  
32 establish a medical residency grant program to award grants  
33 to eligible entities for the purpose of establishing and  
34 funding new general primary care and psychiatry medical  
35 residency positions in this state and continuing the funding  
36 of such new residency positions for the duration of the  
37 funded residency.

38       (2) (a) Funding shall be available for three years  
39 for residency positions in family medicine, general internal  
40 medicine, and general pediatrics.

41       (b) Funding shall be available for four years for  
42 residency positions in general obstetrics and gynecology,  
43 internal medicine-pediatrics, and general psychiatry.

44       3. (1) There is hereby created in the state treasury  
45 the "Medical Residency Grant Program Fund". Moneys in the  
46 fund shall be used to implement and fund grants to eligible  
47 entities.

48       (2) The medical residency grant program fund shall  
49 include funds appropriated by the general assembly,  
50 reimbursements from awarded eligible entities that were not  
51 able to fill the residency position or positions with an  
52 individual medical resident or residents, and any gifts,  
53 contributions, grants, or bequests received from federal,  
54 private, or other sources.

55       (3) The state treasurer shall be custodian of the  
56 fund. In accordance with sections 30.170 and 30.180, the  
57 state treasurer may approve disbursements. The fund shall  
58 be a dedicated fund and, upon appropriation, moneys in the  
59 fund shall be used solely as provided in this section.

60           (4) Notwithstanding the provisions of section 33.080  
61 to the contrary, any moneys remaining in the fund at the end  
62 of the biennium shall not revert to the credit of the  
63 general revenue fund.

64           (5) The state treasurer shall invest moneys in the  
65 fund in the same manner as other funds are invested. Any  
66 interest and moneys earned on such investments shall be  
67 credited to the fund.

68           4. Subject to appropriation, the department shall  
69 expend moneys in the medical residency grant program fund in  
70 the following order:

71           (1) Necessary costs of the department to implement  
72 this section;

73           (2) Funding of grant-funded residency positions of  
74 individuals in the fourth year of their residency, as  
75 applicable to residents in general obstetrics and  
76 gynecology, internal medicine-pediatrics, and general  
77 psychiatry;

78           (3) Funding of grant-funded residency positions of  
79 individuals in the third year of their residency;

80           (4) Funding of grant-funded residency positions of  
81 individuals in the second year of their residency;

82           (5) Funding of grant-funded residency positions of  
83 individuals in the first year of their residency; and

84           (6) The establishment of new grant-funded residency  
85 positions at awarded eligible entities.

86           5. The department shall establish criteria to evaluate  
87 which eligible entities shall be awarded grants for new  
88 grant-funded residency positions, criteria for determining  
89 the amount and duration of grants, the contents of the grant  
90 application, procedures and timelines by which eligible  
91 entities may apply for grants, and all other rules needed to

92 implement the purposes of this section. Such criteria shall  
93 include a preference for eligible entities located in areas  
94 of highest need for general primary care and psychiatric  
95 care physicians, as determined by the health professional  
96 shortage area score.

97 6. Eligible entities that receive grants under this  
98 section shall:

99 (1) Agree to supplement awarded funds under this  
100 section, if necessary, to establish or maintain a grant-  
101 funded residency position for the duration of the funded  
102 resident's medical residency; and

103 (2) Agree to abide by other requirements imposed by  
104 rule.

105 7. Annual funding per participating medical resident  
106 shall be limited to:

107 (1) Direct graduate medical education costs including,  
108 but not limited to:

109 (a) Salaries and benefits for residents, faculty, and  
110 program staff;

111 (b) Malpractice insurance, licenses, and other  
112 required fees; and

113 (c) Program administration and educational materials;  
114 and

115 (2) Indirect costs of graduate medical education  
116 necessary to meet the standards of the Accreditation Council  
117 for Graduate Medical Education.

118 8. No new grant-funded residency positions under this  
119 section shall be established after the tenth fiscal year in  
120 which grants are awarded. However, any residency positions  
121 funded under this section may continue to be funded until  
122 the completion of the resident's medical residency.

123           9. The department shall submit an annual report to the  
124 general assembly regarding the implementation of the program  
125 developed under this section.

126           10. The department may promulgate all necessary rules  
127 and regulations for the administration of this section. Any  
128 rule or portion of a rule, as that term is defined in  
129 section 536.010, that is created under the authority  
130 delegated in this section shall become effective only if it  
131 complies with and is subject to all of the provisions of  
132 chapter 536 and, if applicable, section 536.028. This  
133 section and chapter 536 are nonseverable and if any of the  
134 powers vested with the general assembly pursuant to chapter  
135 536 to review, to delay the effective date, or to disapprove  
136 and annul a rule are subsequently held unconstitutional,  
137 then the grant of rulemaking authority and any rule proposed  
138 or adopted after the effective date of this section shall be  
139 invalid and void.

140           11. The provisions of this section shall expire on  
141 January 1, 2038.

191.600. 1. Sections 191.600 to 191.615 establish a  
2 loan repayment program for graduates of approved medical  
3 schools, schools of osteopathic medicine, schools of  
4 dentistry and accredited chiropractic colleges who practice  
5 in areas of defined need and shall be known as the "Health  
6 Professional Student Loan Repayment Program". Sections  
7 191.600 to 191.615 shall apply to graduates of accredited  
8 chiropractic colleges when federal guidelines for  
9 chiropractic shortage areas are developed.

10           2. The "Health Professional Student Loan and Loan  
11 Repayment Program Fund" is hereby created in the state  
12 treasury. All funds recovered from an individual pursuant  
13 to section 191.614 and all funds generated by loan

14 repayments and penalties received pursuant to section  
15 191.540 shall be credited to the fund. The moneys in the  
16 fund shall be used by the department of health and senior  
17 services to provide loan repayments pursuant to section  
18 191.611 in accordance with sections 191.600 to 191.614 [and  
19 to provide loans pursuant to sections 191.500 to 191.550].

191.828. 1. The following departments shall conduct  
2 on-going evaluations of the effect of the initiatives  
3 enacted by the following sections:

4 (1) The department of commerce and insurance shall  
5 evaluate the effect of revising section 376.782 and sections  
6 143.999, 208.178, 374.126, and 376.891 to 376.894;

7 (2) The department of health and senior services shall  
8 evaluate the effect of revising sections 105.711 and  
9 [sections 191.520 and] 191.600 and enacting section 191.411,  
10 and sections 167.600 to 167.621, 191.231, 208.177, 431.064,  
11 and 660.016. In collaboration with the state board of  
12 registration for the healing arts, the state board of  
13 nursing, and the state board of pharmacy, the department of  
14 health and senior services shall also evaluate the effect of  
15 revising section 195.070, section 334.100, and section  
16 335.016, and of sections 334.104 and 334.112, and section  
17 338.095 and 338.198;

18 (3) The department of social services shall evaluate  
19 the effect of revising section 198.090, and sections  
20 208.151, 208.152 and 208.215, and section 383.125, and of  
21 sections 167.600 to 167.621, 208.177, 208.178, 208.179,  
22 208.181, and 211.490;

23 (4) The office of administration shall evaluate the  
24 effect of revising sections 105.711 and 105.721;

25 (5) The Missouri consolidated health care plan shall  
26 evaluate the effect of section 103.178; and

27           (6) The department of mental health shall evaluate the  
28 effect of section 191.831 as it relates to substance abuse  
29 treatment and of section 191.835.

30           2. The department of revenue and office of  
31 administration shall make biannual reports to the general  
32 assembly and the governor concerning the income received  
33 into the health initiatives fund and the level of funding  
34 required to operate the programs and initiatives funded by  
35 the health initiatives fund at an optimal level.

          191.831. 1. There is hereby established in the state  
2 treasury a "Health Initiatives Fund", to which shall be  
3 deposited all revenues designated for the fund under  
4 subsection 8 of section 149.015, and subsection 3 of section  
5 149.160, and section 167.609, and all other funds donated to  
6 the fund or otherwise deposited pursuant to law. The state  
7 treasurer shall administer the fund. Money in the fund  
8 shall be appropriated to provide funding for implementing  
9 the new programs and initiatives established by sections  
10 105.711 and 105.721. The moneys in the fund may further be  
11 used to fund those programs established by sections  
12 191.411[, 191.520] and 191.600, sections 208.151 and  
13 208.152, and sections 103.178, 143.999, 167.600 to 167.621,  
14 188.230, 191.211, 191.231, 191.825 to 191.839, 192.013,  
15 208.177, 208.178, 208.179 and 208.181, 211.490, 285.240,  
16 337.093, 374.126, 376.891 to 376.894, 431.064, 660.016,  
17 660.017 and 660.018; in addition, not less than fifteen  
18 percent of the proceeds deposited to the health initiative  
19 fund pursuant to sections 149.015 and 149.160 shall be  
20 appropriated annually to provide funding for the C-STAR  
21 substance abuse rehabilitation program of the department of  
22 mental health, or its successor program, and a C-STAR pilot  
23 project developed by the director of the division of alcohol

24 and drug abuse and the director of the department of  
25 corrections as an alternative to incarceration, as provided  
26 in subsections 2, 3, and 4 of this section. Such pilot  
27 project shall be known as the "Alt-care" program. In  
28 addition, some of the proceeds deposited to the health  
29 initiatives fund pursuant to sections 149.015 and 149.160  
30 shall be appropriated annually to the division of alcohol  
31 and drug abuse of the department of mental health to be used  
32 for the administration and oversight of the substance abuse  
33 traffic [offenders] **offender** program defined in section  
34 302.010 [and section 577.001]. The provisions of section  
35 33.080 to the contrary notwithstanding, money in the health  
36 initiatives fund shall not be transferred at the close of  
37 the biennium to the general revenue fund.

38 2. The director of the division of alcohol and drug  
39 abuse and the director of the department of corrections  
40 shall develop and administer a pilot project to provide a  
41 comprehensive substance abuse treatment and rehabilitation  
42 program as an alternative to incarceration, hereinafter  
43 referred to as "Alt-care". Alt-care shall be funded using  
44 money provided under subsection 1 of this section through  
45 the Missouri Medicaid program, the C-STAR program of the  
46 department of mental health, and the division of alcohol and  
47 drug abuse's purchase-of-service system. Alt-care shall  
48 offer a flexible combination of clinical services and living  
49 arrangements individually adapted to each client and her  
50 children. Alt-care shall consist of the following  
51 components:

- 52 (1) Assessment and treatment planning;
- 53 (2) Community support to provide continuity,  
54 monitoring of progress and access to services and resources;
- 55 (3) Counseling from individual to family therapy;

56 (4) Day treatment services which include accessibility  
57 seven days per week, transportation to and from the Alt-care  
58 program, weekly drug testing, leisure activities, weekly  
59 events for families and companions, job and education  
60 preparedness training, peer support and self-help and daily  
61 living skills; and

62 (5) Living arrangement options which are permanent,  
63 substance-free and conducive to treatment and recovery.

64 3. Any female who is pregnant or is the custodial  
65 parent of a child or children under the age of twelve years,  
66 and who has pleaded guilty to or found guilty of violating  
67 the provisions of chapter 195, and whose controlled  
68 substance abuse was a precipitating or contributing factor  
69 in the commission of the offense, and who is placed on  
70 probation may be required, as a condition of probation, to  
71 participate in Alt-care, if space is available in the pilot  
72 project area. Determinations of eligibility for the  
73 program, placement, and continued participation shall be  
74 made by the division of alcohol and drug abuse, in  
75 consultation with the department of corrections.

76 4. The availability of space in Alt-care shall be  
77 determined by the director of the division of alcohol and  
78 drug abuse in conjunction with the director of the  
79 department of corrections. If the sentencing court is  
80 advised that there is no space available, the court shall  
81 consider other authorized dispositions.

**[192.530. 1. As used in this section, the  
2 following terms mean:**

**3 (1) "Department", the department of health  
4 and senior services;**

**5 (2) "Health care provider", the same  
6 meaning given to the term in section 376.1350;**

**7 (3) "Voluntary nonopioid directive form",  
8 a form that may be used by a patient to deny or  
9 refuse the administration or prescription of a**

10 controlled substance containing an opioid by a  
11 health care provider.

12 2. In consultation with the board of  
13 registration for the healing arts and the board  
14 of pharmacy, the department shall develop and  
15 publish a uniform voluntary nonopioid directive  
16 form.

17 3. The voluntary nonopioid directive form  
18 developed by the department shall indicate to  
19 all prescribing health care providers that the  
20 named patient shall not be offered, prescribed,  
21 supplied with, or otherwise administered a  
22 controlled substance containing an opioid.

23 4. The voluntary nonopioid directive form  
24 shall be posted in a downloadable format on the  
25 department's publicly accessible website.

26 5. (1) A patient may execute and file a  
27 voluntary nonopioid directive form with a health  
28 care provider. Each health care provider shall  
29 sign and date the form in the presence of the  
30 patient as evidence of acceptance and shall  
31 provide a signed copy of the form to the patient.

32 (2) The patient executing and filing a  
33 voluntary nonopioid directive form with a health  
34 care provider shall sign and date the form in  
35 the presence of the health care provider or a  
36 designee of the health care provider. In the  
37 case of a patient who is unable to execute and  
38 file a voluntary nonopioid directive form, the  
39 patient may designate a duly authorized guardian  
40 or health care proxy to execute and file the  
41 form in accordance with subdivision (1) of this  
42 subsection.

43 (3) A patient may revoke the voluntary  
44 nonopioid directive form for any reason and may  
45 do so by written or oral means.

46 6. The department shall promulgate  
47 regulations for the implementation of the  
48 voluntary nonopioid directive form that shall  
49 include, but not be limited to:

50 (1) A standard method for the recording  
51 and transmission of the voluntary nonopioid  
52 directive form, which shall include verification  
53 by the patient's health care provider and shall  
54 comply with the written consent requirements of  
55 the Public Health Service Act, 42 U.S.C. Section  
56 290dd-2(b), and 42 CFR Part 2, relating to  
57 confidentiality of alcohol and drug abuse  
58 patient records, provided that the voluntary  
59 nonopioid directive form shall also provide the  
60 basic procedures necessary to revoke the  
61 voluntary nonopioid directive form;

62 (2) Procedures to record the voluntary  
63 nonopioid directive form in the patient's  
64 medical record or, if available, the patient's  
65 interoperable electronic medical record;

66 (3) Requirements and procedures for a  
67 patient to appoint a duly authorized guardian or  
68 health care proxy to override a previously filed  
69 voluntary nonopioid directive form and  
70 circumstances under which an attending health  
71 care provider may override a previously filed  
72 voluntary nonopioid directive form based on  
73 documented medical judgment, which shall be  
74 recorded in the patient's medical record;

75 (4) Procedures to ensure that any  
76 recording, sharing, or distributing of data  
77 relative to the voluntary nonopioid directive  
78 form complies with all federal and state  
79 confidentiality laws; and

80 (5) Appropriate exemptions for health care  
81 providers and emergency medical personnel to  
82 prescribe or administer a controlled substance  
83 containing an opioid when, in their professional  
84 medical judgment, a controlled substance  
85 containing an opioid is necessary, or the  
86 provider and medical personnel are acting in  
87 good faith.

88 The department shall develop and publish  
89 guidelines on its publicly accessible website  
90 that shall address, at a minimum, the content of  
91 the regulations promulgated under this  
92 subsection. Any rule or portion of a rule, as  
93 that term is defined in section 536.010, that is  
94 created under the authority delegated in this  
95 section shall become effective only if it  
96 complies with and is subject to all of the  
97 provisions of chapter 536 and, if applicable,  
98 section 536.028. This section and chapter 536  
99 are nonseverable and if any of the powers vested  
100 with the general assembly pursuant to chapter  
101 536 to review, to delay the effective date, or  
102 to disapprove and annul a rule are subsequently  
103 held unconstitutional, then the grant of  
104 rulemaking authority and any rule proposed or  
105 adopted after August 28, 2023, shall be invalid  
106 and void.

107 7. A written prescription that is  
108 presented at an outpatient pharmacy or a  
109 prescription that is electronically transmitted  
110 to an outpatient pharmacy is presumed to be  
111 valid for the purposes of this section, and a  
112 pharmacist in an outpatient setting shall not be  
113 held in violation of this section for dispensing  
114 a controlled substance in contradiction to a  
115 voluntary nonopioid directive form, except upon  
116 evidence that the pharmacist acted knowingly  
117 against the voluntary nonopioid directive form.

118 8. (1) A health care provider or an  
119 employee of a health care provider acting in  
120 good faith shall not be subject to criminal or  
121 civil liability and shall not be considered to  
122 have engaged in unprofessional conduct for

123 failing to offer or administer a prescription or  
124 medication order for a controlled substance  
125 containing an opioid under the voluntary  
126 nonopioid directive form.

127 (2) A person acting as a representative or  
128 an agent pursuant to a health care proxy shall  
129 not be subject to criminal or civil liability  
130 for making a decision under subdivision (3) of  
131 subsection 6 of this section in good faith.

132 (3) Notwithstanding any other provision of  
133 law, a professional licensing board, at its  
134 discretion, may limit, condition, or suspend the  
135 license of, or assess fines against, a health  
136 care provider who recklessly or negligently  
137 fails to comply with a patient's voluntary  
138 nonopioid directive form.]

193.145. 1. A certificate of death for each death  
2 which occurs in this state shall be filed with the local  
3 registrar, or as otherwise directed by the state registrar,  
4 within five days after death and shall be registered if such  
5 certificate has been completed and filed pursuant to this  
6 section. All data providers in the death registration  
7 process, including, but not limited to, the state registrar,  
8 local registrars, the state medical examiner, county medical  
9 examiners, coroners, funeral directors or persons acting as  
10 such, embalmers, sheriffs, attending physicians and resident  
11 physicians, physician assistants, assistant physicians,  
12 advanced practice registered nurses, and the chief medical  
13 officers of licensed health care facilities, and other  
14 public or private institutions providing medical care,  
15 treatment, or confinement to persons, shall be required to  
16 use and utilize any electronic death registration system  
17 required and adopted under subsection 1 of section 193.265  
18 within six months of the system being certified by the  
19 director of the department of health and senior services, or  
20 the director's designee, to be operational and available to  
21 all data providers in the death registration process.  
22 [However, should the person or entity that certifies the

23 cause of death not be part of, or does not use, the  
24 electronic death registration system, the funeral director  
25 or person acting as such may enter the required personal  
26 data into the electronic death registration system and then  
27 complete the filing by presenting the signed cause of death  
28 certification to the local registrar, in which case the  
29 local registrar shall issue death certificates as set out in  
30 subsection 2 of section 193.265. Nothing in this section  
31 shall prevent the state registrar from adopting pilot  
32 programs or voluntary electronic death registration programs  
33 until such time as the system can be certified; however, no  
34 such pilot or voluntary electronic death registration  
35 program shall prevent the filing of a death certificate with  
36 the local registrar or the ability to obtain certified  
37 copies of death certificates under subsection 2 of section  
38 193.265 until six months after such certification that the  
39 system is operational.]

40 2. If the place of death is unknown but the dead body  
41 is found in this state, the certificate of death shall be  
42 completed and filed pursuant to the provisions of this  
43 section. The place where the body is found shall be shown  
44 as the place of death. The date of death shall be the date  
45 on which the remains were found.

46 3. When death occurs in a moving conveyance in the  
47 United States and the body is first removed from the  
48 conveyance in this state, the death shall be registered in  
49 this state and the place where the body is first removed  
50 shall be considered the place of death. When a death occurs  
51 on a moving conveyance while in international waters or air  
52 space or in a foreign country or its air space and the body  
53 is first removed from the conveyance in this state, the  
54 death shall be registered in this state but the certificate

55 shall show the actual place of death if such place may be  
56 determined.

57 4. The funeral director or person in charge of final  
58 disposition of the dead body shall file the certificate of  
59 death. The funeral director or person in charge of the  
60 final disposition of the dead body shall obtain or verify  
61 and enter into the electronic death registration system:

62 (1) The personal data from the next of kin or the best  
63 qualified person or source available;

64 (2) The medical certification from the person  
65 responsible for such certification if designated to do so  
66 under subsection 5 of this section; and

67 (3) Any other information or data that may be required  
68 to be placed on a death certificate or entered into the  
69 electronic death certificate system including, but not  
70 limited to, the name and license number of the embalmer.

71 5. The medical certification shall be completed,  
72 attested to its accuracy either by signature or an  
73 electronic process approved by the department, and returned  
74 to the funeral director or person in charge of final  
75 disposition within seventy-two hours after death by the  
76 physician, physician assistant, assistant physician, or  
77 advanced practice registered nurse in charge of the  
78 patient's care for the illness or condition which resulted  
79 in death. In the absence of the physician, physician  
80 assistant, assistant physician, **or** advanced practice  
81 registered nurse or with the physician's, physician  
82 assistant's, assistant physician's, or advanced practice  
83 registered nurse's approval the certificate may be completed  
84 and attested to its accuracy either by signature or an  
85 approved electronic process by the physician's associate  
86 physician, the chief medical officer of the institution in

87 which death occurred, or the physician who performed an  
88 autopsy upon the decedent, provided such individual has  
89 access to the medical history of the case, views the  
90 deceased at or after death and death is due to natural  
91 causes. The person authorized to complete the medical  
92 certification may, in writing, designate any other person to  
93 enter the medical certification information into the  
94 electronic death registration system if the person  
95 authorized to complete the medical certificate has  
96 physically or by electronic process signed a statement  
97 stating the cause of death. Any persons completing the  
98 medical certification or entering data into the electronic  
99 death registration system shall be immune from civil  
100 liability for such certification completion, data entry, or  
101 determination of the cause of death, absent gross negligence  
102 or willful misconduct. The state registrar may approve  
103 alternate methods of obtaining and processing the medical  
104 certification and filing the death certificate. The Social  
105 Security number of any individual who has died shall be  
106 placed in the records relating to the death and recorded on  
107 the death certificate.

108         6. When death occurs from natural causes more than  
109 thirty-six hours after the decedent was last treated by a  
110 physician, physician assistant, assistant physician, **or**  
111 advanced practice registered nurse, the case shall be  
112 referred to the county medical examiner or coroner or  
113 physician or local registrar for investigation to determine  
114 and certify the cause of death. If the death is determined  
115 to be of a natural cause, the medical examiner or coroner or  
116 local registrar shall refer the certificate of death to the  
117 attending physician, physician assistant, assistant  
118 physician, **or** advanced practice registered nurse for such

119 certification. If the attending physician, physician  
120 assistant, assistant physician, **or** advanced practice  
121 registered nurse refuses or is otherwise unavailable, the  
122 medical examiner or coroner or local registrar shall attest  
123 to the accuracy of the certificate of death either by  
124 signature or an approved electronic process within thirty-  
125 six hours.

126 7. If the circumstances suggest that the death was  
127 caused by other than natural causes, the medical examiner or  
128 coroner shall determine the cause of death and shall, either  
129 by signature or an approved electronic process, complete and  
130 attest to the accuracy of the medical certification within  
131 seventy-two hours after taking charge of the case.

132 8. If the cause of death cannot be determined within  
133 seventy-two hours after death, the attending medical  
134 examiner, coroner, attending physician, physician assistant,  
135 assistant physician, advanced practice registered nurse, or  
136 local registrar shall give the funeral director, or person  
137 in charge of final disposition of the dead body, notice of  
138 the reason for the delay, and final disposition of the body  
139 shall not be made until authorized by the medical examiner,  
140 coroner, attending physician, physician assistant, assistant  
141 physician, advanced practice registered nurse, or local  
142 registrar.

143 9. When a death is presumed to have occurred within  
144 this state but the body cannot be located, a death  
145 certificate may be prepared by the state registrar upon  
146 receipt of an order of a court of competent jurisdiction  
147 which shall include the finding of facts required to  
148 complete the death certificate. Such a death certificate  
149 shall be marked "Presumptive", show on its face the date of  
150 registration, and identify the court and the date of decree.

151           10. (1) The department of health and senior services  
152 shall notify all physicians, physician assistants, assistant  
153 physicians, and advanced practice registered nurses licensed  
154 under chapters 334 and 335 of the requirements regarding the  
155 use of the electronic vital records system provided for in  
156 this section.

157           (2) On or before August 30, 2015, the department of  
158 health and senior services, division of community and public  
159 health shall create a working group comprised of  
160 representation from the Missouri electronic vital records  
161 system users and recipients of death certificates used for  
162 professional purposes to evaluate the Missouri electronic  
163 vital records system, develop recommendations to improve the  
164 efficiency and usability of the system, and to report such  
165 findings and recommendations to the general assembly no  
166 later than January 1, 2016.

167           11. Notwithstanding any provision of law to the  
168 contrary, if a coroner or deputy coroner is not current with  
169 or is without the approved training under chapter 58, the  
170 department of health and senior services shall prohibit such  
171 coroner from attesting to the accuracy of a certificate of  
172 death. No person elected or appointed to the office of  
173 coroner can assume such elected office until the training,  
174 as established by the coroner standards and training  
175 commission under the provisions of section 58.035, has been  
176 completed and a certificate of completion has been issued.  
177 In the event a coroner cannot fulfill his or her duties or  
178 is no longer qualified to attest to the accuracy of a death  
179 certificate, the sheriff of the county shall appoint a  
180 medical professional to attest death certificates until such  
181 time as the coroner can resume his or her duties or another  
182 coroner is appointed or elected to the office.

193.265. 1. For the issuance of a certification or  
2 copy of a death record, the applicant shall pay a fee of  
3 fourteen dollars for the first certification or copy and a  
4 fee of eleven dollars for each additional copy ordered at  
5 that time. For the issuance of a certification or copy of a  
6 birth, marriage, divorce, or fetal death record, the  
7 applicant shall pay a fee of fifteen dollars. No fee shall  
8 be required or collected for a certification of birth,  
9 death, or marriage if the request for certification is made  
10 by the children's division, the division of youth services,  
11 a guardian ad litem, or a juvenile officer on behalf of a  
12 child or person under twenty-one years of age who has come  
13 under the jurisdiction of the juvenile court under section  
14 211.031. All fees collected under this subsection shall be  
15 deposited to the state department of revenue. Beginning  
16 August 28, 2004, for each vital records fee collected, the  
17 director of revenue shall credit four dollars to the general  
18 revenue fund, five dollars to the children's trust fund, one  
19 dollar shall be credited to the endowed care cemetery audit  
20 fund, one dollar for each certification or copy of death  
21 records to the Missouri state coroners' training fund  
22 established in section 58.208, and three dollars for the  
23 first copy of death records and five dollars for birth,  
24 marriage, divorce, and fetal death records shall be credited  
25 to the Missouri public health services fund established in  
26 section 192.900. Money in the endowed care cemetery audit  
27 fund shall be available by appropriation to the division of  
28 professional registration to pay its expenses in  
29 administering sections 214.270 to 214.410. All interest  
30 earned on money deposited in the endowed care cemetery audit  
31 fund shall be credited to the endowed care cemetery fund.  
32 Notwithstanding the provisions of section 33.080 to the

33 contrary, money placed in the endowed care cemetery audit  
34 fund shall not be transferred and placed to the credit of  
35 general revenue until the amount in the fund at the end of  
36 the biennium exceeds three times the amount of the  
37 appropriation from the endowed care cemetery audit fund for  
38 the preceding fiscal year. The money deposited in the  
39 public health services fund under this section shall be  
40 deposited in a separate account in the fund, and moneys in  
41 such account, upon appropriation, shall be used to automate  
42 and improve the state vital records system, and develop and  
43 maintain an electronic birth and death registration system.  
44 For any search of the files and records, when no record is  
45 found, the state shall be entitled to a fee equal to the  
46 amount for a certification of a vital record for a five-year  
47 search to be paid by the applicant. For the processing of  
48 each legitimation, adoption, court order or recording after  
49 the registrant's twelfth birthday, the state shall be  
50 entitled to a fee equal to the amount for a certification of  
51 a vital record. Except whenever a certified copy or copies  
52 of a vital record is required to perfect any claim of any  
53 person on relief, or any dependent of any person who was on  
54 relief for any claim upon the government of the state or  
55 United States, the state registrar shall, upon request,  
56 furnish a certified copy or so many certified copies as are  
57 necessary, without any fee or compensation therefor.

58 2. For the issuance of a certification of a death  
59 record by the local registrar, the applicant shall pay a fee  
60 of fourteen dollars for the first certification or copy and  
61 a fee of eleven dollars for each additional copy ordered at  
62 that time. For each fee collected under this subsection,  
63 one dollar shall be deposited to the state department of  
64 revenue and the remainder shall be deposited to the official

65 city or county health agency. The director of revenue shall  
66 credit all fees deposited to the state department of revenue  
67 under this subsection to the Missouri state coroners'  
68 training fund established in section 58.208.

69 3. For the issuance of a certification or copy of a  
70 birth, marriage, divorce, or fetal death record, the  
71 applicant shall pay a fee of fifteen dollars; except that,  
72 in any county with a charter form of government and with  
73 more than six hundred thousand but fewer than seven hundred  
74 thousand inhabitants, a donation of one dollar may be  
75 collected by the local registrar over and above any fees  
76 required by law when a certification or copy of any marriage  
77 license or birth certificate is provided, with such  
78 donations collected to be forwarded monthly by the local  
79 registrar to the county treasurer of such county and the  
80 donations so forwarded to be deposited by the county  
81 treasurer into the housing resource commission fund to  
82 assist homeless families and provide financial assistance to  
83 organizations addressing homelessness in such county. The  
84 local registrar shall include a check-off box on the  
85 application form for such copies. All fees collected under  
86 this subsection, other than the donations collected in any  
87 county with a charter form of government and with more than  
88 six hundred thousand but fewer than seven hundred thousand  
89 inhabitants for marriage licenses and birth certificates,  
90 shall be deposited to the official city or county health  
91 agency.

92 4. A certified copy of a death record by the local  
93 registrar can only be issued [within twenty-four hours of  
94 receipt of the record by the local registrar. Computer-  
95 generated certifications of death records may be issued by  
96 the local registrar after twenty-four hours of receipt of

97 the records] **after acceptance and registration with the**  
98 **state registrar.** The fees paid to the official county  
99 health agency shall be retained by the local agency for  
100 local public health purposes.

101 5. No fee under this section shall be required or  
102 collected from a parent or guardian of a homeless child or  
103 homeless youth, as defined in subsection 1 of section  
104 167.020, or an unaccompanied youth, as defined in 42 U.S.C.  
105 Section 11434a(6), for the issuance of a certification, or  
106 copy of such certification, of birth of such child or  
107 youth. An unaccompanied youth shall be eligible to receive  
108 a certification or copy of his or her own birth record  
109 without the consent or signature of his or her parent or  
110 guardian; provided, that only one certificate under this  
111 provision shall be provided without cost to the  
112 unaccompanied or homeless youth. For the issuance of any  
113 additional certificates, the statutory fee shall be paid.

195.070. 1. A physician, podiatrist, dentist, a  
2 registered optometrist certified to administer  
3 pharmaceutical agents as provided in section 336.220, or an  
4 assistant physician in accordance with section 334.037 or a  
5 physician assistant in accordance with section 334.747 in  
6 good faith and in the course of his or her professional  
7 practice only, may prescribe, administer, and dispense  
8 controlled substances or he or she may cause the same to be  
9 administered or dispensed by an individual as authorized by  
10 statute.

11 2. An advanced practice registered nurse, as defined  
12 in section 335.016, but not a certified registered nurse  
13 anesthetist as defined in subdivision (8) of section  
14 335.016, who holds a certificate of controlled substance  
15 prescriptive authority from the board of nursing under

16 section 335.019 and who is delegated the authority to  
17 prescribe controlled substances under a collaborative  
18 practice arrangement under section 334.104 may prescribe any  
19 controlled substances listed in Schedules III, IV, and V of  
20 section 195.017, and may have restricted authority in  
21 Schedule II. Prescriptions for Schedule II medications  
22 prescribed by an advanced practice registered nurse who has  
23 a certificate of controlled substance prescriptive authority  
24 are restricted to only those medications containing  
25 hydrocodone **and Schedule II controlled substances for**  
26 **hospice patients pursuant to the provisions of section**  
27 **334.104.** However, no such certified advanced practice  
28 registered nurse shall prescribe controlled substance for  
29 his or her own self or family. Schedule III narcotic  
30 controlled substance and Schedule II - hydrocodone  
31 prescriptions shall be limited to a one hundred twenty-hour  
32 supply without refill.

33 3. A veterinarian, in good faith and in the course of  
34 the veterinarian's professional practice only, and not for  
35 use by a human being, may prescribe, administer, and  
36 dispense controlled substances and the veterinarian may  
37 cause them to be administered by an assistant or orderly  
38 under his or her direction and supervision.

39 4. A practitioner shall not accept any portion of a  
40 controlled substance unused by a patient, for any reason, if  
41 such practitioner did not originally dispense the drug,  
42 except:

43 (1) When the controlled substance is delivered to the  
44 practitioner to administer to the patient for whom the  
45 medication is prescribed as authorized by federal law.  
46 Practitioners shall maintain records and secure the

47 medication as required by this chapter and regulations  
48 promulgated pursuant to this chapter; or

49 (2) As provided in section 195.265.

50 5. An individual practitioner shall not prescribe or  
51 dispense a controlled substance for such practitioner's  
52 personal use except in a medical emergency.

195.100. 1. It shall be unlawful to distribute any  
2 controlled substance in a commercial container unless such  
3 container bears a label containing an identifying symbol for  
4 such substance in accordance with federal laws.

5 2. It shall be unlawful for any manufacturer of any  
6 controlled substance to distribute such substance unless the  
7 labeling thereof conforms to the requirements of federal law  
8 and contains the identifying symbol required in subsection 1  
9 of this section.

10 3. The label of a controlled substance in Schedule II,  
11 III or IV shall, when dispensed to or for a patient, contain  
12 a clear, concise warning that it is a criminal offense to  
13 transfer such narcotic or dangerous drug to any person other  
14 than the patient.

15 4. Whenever a manufacturer sells or dispenses a  
16 controlled substance and whenever a wholesaler sells or  
17 dispenses a controlled substance in a package prepared by  
18 him or her, the manufacturer or wholesaler shall securely  
19 affix to each package in which that drug is contained a  
20 label showing in legible English the name and address of the  
21 vendor and the quantity, kind, and form of controlled  
22 substance contained therein. No person except a pharmacist  
23 for the purpose of filling a prescription under this  
24 chapter, shall alter, deface, or remove any label so affixed.

25 5. Whenever a pharmacist or practitioner sells or  
26 dispenses any controlled substance on a prescription issued

27 by a physician, physician assistant, dentist, podiatrist,  
28 veterinarian, or advanced practice registered nurse, the  
29 pharmacist or practitioner shall affix to the container in  
30 which such drug is sold or dispensed a label showing his or  
31 her own name and address of the pharmacy or practitioner for  
32 whom he or she is lawfully acting; the name of the patient  
33 or, if the patient is an animal, the name of the owner of  
34 the animal and the species of the animal; the name of the  
35 physician, physician assistant, dentist, podiatrist,  
36 advanced practice registered nurse, or veterinarian by whom  
37 the prescription was written; [the name of the collaborating  
38 physician if the prescription is written by an advanced  
39 practice registered nurse or a physician assistant,] and  
40 such directions as may be stated on the prescription. No  
41 person shall alter, deface, or remove any label so affixed.

195.206. 1. As used in this section, the following  
2 terms shall mean:

3 (1) "Addiction mitigation medication", naltrexone  
4 hydrochloride that is administered in a manner approved by  
5 the United States Food and Drug Administration or any  
6 accepted medical practice method of administering;

7 (2) "Opioid antagonist", naloxone hydrochloride, **or**  
8 **any other drug or device approved by the United States Food**  
9 **and Drug Administration**, that blocks the effects of an  
10 opioid overdose [that] **and** is administered in a manner  
11 approved by the United States Food and Drug Administration  
12 or any accepted medical practice method of administering;

13 (3) "Opioid-related drug overdose", a condition  
14 including, but not limited to, extreme physical illness,  
15 decreased level of consciousness, respiratory depression,  
16 coma, or death resulting from the consumption or use of an  
17 opioid or other substance with which an opioid was combined

18 or a condition that a layperson would reasonably believe to  
19 be an opioid-related drug overdose that requires medical  
20 assistance.

21 2. Notwithstanding any other law or regulation to the  
22 contrary:

23 (1) The director of the department of health and  
24 senior services, if a licensed physician, may issue a  
25 statewide standing order for an opioid antagonist or an  
26 addiction mitigation medication;

27 (2) In the alternative, the department may employ or  
28 contract with a licensed physician who may issue a statewide  
29 standing order for an opioid antagonist or an addiction  
30 mitigation medication with the express written consent of  
31 the department director.

32 3. Notwithstanding any other law or regulation to the  
33 contrary, any licensed pharmacist in Missouri may sell and  
34 dispense an opioid antagonist or an addiction mitigation  
35 medication under physician protocol or under a statewide  
36 standing order issued under subsection 2 of this section.

37 4. A licensed pharmacist who, acting in good faith and  
38 with reasonable care, sells or dispenses an opioid  
39 antagonist or an addiction mitigation medication and an  
40 appropriate device to administer the drug, and the protocol  
41 physician, shall not be subject to any criminal or civil  
42 liability or any professional disciplinary action for  
43 prescribing or dispensing the opioid antagonist or an  
44 addiction mitigation medication or any outcome resulting  
45 from the administration of the opioid antagonist or an  
46 addiction mitigation medication. A physician issuing a  
47 statewide standing order under subsection 2 of this section  
48 shall not be subject to any criminal or civil liability or  
49 any professional disciplinary action for issuing the

50 standing order or for any outcome related to the order or  
51 the administration of the opioid antagonist or an addiction  
52 mitigation medication.

53 5. Notwithstanding any other law or regulation to the  
54 contrary, it shall be permissible for any person to possess  
55 an opioid antagonist or an addiction mitigation medication.

56 6. Any person who administers an opioid antagonist to  
57 another person shall, immediately after administering the  
58 drug, contact emergency personnel. Any person who, acting  
59 in good faith and with reasonable care, administers an  
60 opioid antagonist to another person whom the person believes  
61 to be suffering an opioid-related **drug** overdose shall be  
62 immune from criminal prosecution, disciplinary actions from  
63 his or her professional licensing board, and civil liability  
64 due to the administration of the opioid antagonist.

281.102. The enactment of section 281.048 and the  
2 repeal and reenactment of sections 281.015, 281.020,  
3 281.025, 281.030, 281.035, 281.037, 281.038, 281.040,  
4 281.045, 281.050, 281.055, 281.060, 281.063, 281.065,  
5 281.070, 281.075, 281.085, and 281.101 of this act shall  
6 become effective on January 1, [2024] **2025**.

324.520. 1. As used in sections 324.520 to 324.524,  
2 the following terms mean:

3 (1) "Body piercing", the perforation of human tissue  
4 other than an ear for a nonmedical purpose;

5 (2) "Branding", a permanent mark made on human tissue  
6 by burning with a hot iron or other instrument;

7 (3) "Controlled substance", any substance defined in  
8 section 195.010;

9 (4) "Minor", a person under the age of eighteen;

10 (5) "Tattoo", one or more of the following:

11           (a) **[An indelible] A mark made on the body of another**  
12 **person by the insertion of a pigment, ink, or both pigment**  
13 **and ink under the skin with the aid of needles or blades**  
14 **using hand-held or machine-powered instruments; [or]**

15           (b) **A mark made on the face or body of another person**  
16 **for cosmetic purposes or to any part of the body for scar**  
17 **coverage or other corrective purposes by the insertion of a**  
18 **pigment, ink, or both pigment and ink under the skin with**  
19 **the aid of needles; or**

20           (c) An indelible design made on the body of another  
21 person by production of scars other than by branding.

22           2. No person shall knowingly tattoo, brand or perform  
23 body piercing on a minor unless such person obtains the  
24 prior written informed consent of the minor's parent or  
25 legal guardian. The minor's parent or legal guardian shall  
26 execute the written informed consent required pursuant to  
27 this subsection in the presence of the person performing the  
28 tattooing, branding or body piercing on the minor, or in the  
29 presence of an employee or agent of such person. Any person  
30 who fraudulently misrepresents himself or herself as a  
31 parent is guilty of a class B misdemeanor.

32           3. A person shall not tattoo, brand or perform body  
33 piercing on another person if the other person is under the  
34 influence of intoxicating liquor or a controlled substance.

35           4. A person who violates any provisions of sections  
36 324.520 to 324.526 is guilty of a misdemeanor and shall be  
37 fined not more than five hundred dollars. If there is a  
38 subsequent violation within one year of the initial  
39 violation, such person shall be fined not less than five  
40 hundred dollars or more than one thousand dollars.

41           5. No person under the age of eighteen shall tattoo,  
42 brand or perform body piercing on another person.

331.020. 1. Whenever in this chapter occurs the word  
2 "board", or "the board", such words shall be construed to  
3 mean the state board of chiropractic examiners.

4 2. For the purposes of this chapter, the following  
5 terms mean:

6 (1) "Animal chiropractic", the examination and  
7 treatment of an animal through vertebral subluxation complex  
8 or spinal, joint, or musculoskeletal manipulation by an  
9 animal chiropractic practitioner. The term "animal  
10 chiropractic" shall not be construed to require supervision  
11 by a licensed veterinarian to practice or to allow the  
12 diagnosing of an animal; the performing of surgery; the  
13 dispensing, prescribing, or administering of medications,  
14 drugs, or biologics; or the performance of any other type of  
15 veterinary medicine when performed by an individual licensed  
16 by the state board of chiropractic examiners;

17 (2) "Animal chiropractic practitioner":

18 (a) A licensed veterinarian; or

19 (b) An individual who is licensed by the state board  
20 of chiropractic examiners to engage in the practice of  
21 chiropractic, as defined in section 331.010; who is  
22 certified by the AVCA or IVCA, as defined in section  
23 340.200, or other equivalent certifying body; who has  
24 graduated from a certification course in animal chiropractic  
25 with not less than two hundred ten hours of instruction; and  
26 whose practice of animal chiropractic shall be regulated by  
27 the state board of chiropractic examiners.

331.060. 1. The board may refuse to issue any  
2 certificate of registration or authority, permit or license  
3 required pursuant to this chapter for one or any combination  
4 of causes stated in subsection 2 of this section. The board  
5 shall notify the applicant in writing of the reasons for the

6 refusal and shall advise the applicant of his right to file  
7 a complaint with the administrative hearing commission as  
8 provided by chapter 621.

9         2. The board may cause a complaint to be filed with  
10 the administrative hearing commission as provided by chapter  
11 621 against any holder of any certificate of registration or  
12 authority, permit or license required by this chapter or any  
13 person who has failed to renew or has surrendered his  
14 certificate of registration or authority, permit or license  
15 for any one or any combination of the following causes:

16             (1) Use of any controlled substance, as defined in  
17 chapter 195, or alcoholic beverage to an extent that such  
18 use impairs a person's ability to perform the work of any  
19 profession licensed or regulated by this chapter;

20             (2) The person has been finally adjudicated and found  
21 guilty, or entered a plea of guilty or nolo contendere, in a  
22 criminal prosecution under the laws of any state, of the  
23 United States, or of any country, for any offense directly  
24 related to the duties and responsibilities of the  
25 occupation, as set forth in section 324.012, regardless of  
26 whether or not sentence is imposed;

27             (3) Use of fraud, deception, misrepresentation or  
28 bribery in securing any certificate of registration or  
29 authority, permit or license issued pursuant to this chapter  
30 or in obtaining permission to take any examination given or  
31 required pursuant to this chapter;

32             (4) Obtaining or attempting to obtain any fee, charge,  
33 tuition or other compensation by fraud, deception or  
34 misrepresentation;

35             (5) Incompetency, misconduct, gross negligence, fraud,  
36 misrepresentation or dishonesty in the performance of the

37 functions or duties of any profession licensed or regulated  
38 by this chapter;

39 (6) Violation of, or assisting or enabling any person  
40 to violate, any provision of this chapter, or of any lawful  
41 rule or regulation adopted pursuant to this chapter;

42 (7) Impersonation of any person holding a certificate  
43 of registration or authority, permit or license or allowing  
44 any person to use his or her certificate of registration or  
45 authority, permit, license or diploma from school;

46 (8) Disciplinary action against the holder of a  
47 license or other right to practice any profession regulated  
48 by this chapter granted by another state, territory, federal  
49 agency or country upon grounds for which revocation or  
50 suspension is authorized in this state;

51 (9) A person is finally adjudged insane or incompetent  
52 by a court of competent jurisdiction;

53 (10) Assisting or enabling any person to practice or  
54 offer to practice any profession licensed or regulated by  
55 this chapter who is not registered and currently eligible to  
56 practice under this chapter;

57 (11) Issuance of a certificate of registration or  
58 authority, permit or license based upon a material mistake  
59 of fact;

60 (12) Failure to display a valid certificate or license  
61 if so required by this chapter or any rule promulgated  
62 hereunder;

63 (13) Violation of any professional trust or confidence;

64 (14) Use of any advertisement or solicitation which is  
65 false, misleading or deceptive to the general public or  
66 persons to whom the advertisement or solicitation is  
67 primarily directed. False, misleading or deceptive

68 advertisements or solicitations shall include, but not be  
69 limited to:

70 (a) Promises of cure, relief from pain or other  
71 physical or mental condition, or improved physical or mental  
72 health;

73 (b) Any self-laudatory statement;

74 (c) Any misleading or deceptive statement offering or  
75 promising a free service. Nothing herein shall be construed  
76 to make it unlawful to offer a service for no charge if the  
77 offer is announced as part of a full disclosure of routine  
78 fees including consultation fees;

79 (d) Any misleading or deceptive claims of patient  
80 cure, relief or improved condition; superiority in service,  
81 treatment or materials; new or improved service, treatment  
82 or material, or reduced costs or greater savings. Nothing  
83 herein shall be construed to make it unlawful to use any  
84 such claim if it is readily verifiable by existing  
85 documentation, data or other substantial evidence. Any claim  
86 which exceeds or exaggerates the scope of its supporting  
87 documentation, data or evidence is misleading or deceptive;

88 (e) Failure to use the term "chiropractor", "doctor of  
89 chiropractic", "chiropractic physician", or "D.C." in any  
90 advertisement, solicitation, sign, letterhead, or any other  
91 method of addressing the public;

92 (f) Attempting to attract patronage in any manner  
93 which castigates, impugns, disparages, discredits or attacks  
94 other healing arts and sciences or other chiropractic  
95 physicians;

96 (15) Violation of the drug laws or rules and  
97 regulations of this state, any other state or the federal  
98 government;

99           (16) Failure or refusal to properly guard against  
100 contagious, infectious or communicable diseases or the  
101 spread thereof;

102           (17) Fails to maintain a chiropractic office in a safe  
103 and sanitary condition;

104           (18) Engaging in unprofessional or improper conduct in  
105 the practice of chiropractic;

106           (19) Administering or prescribing any drug or medicine  
107 or attempting to practice medicine, surgery, or osteopathy  
108 within the meaning of chapter 334;

109           (20) **Engaging in the practice of animal chiropractic**  
110 **without a patient referral from a licensed veterinarian with**  
111 **a current veterinarian-client-patient relationship;**

112           (21) Being unable to practice as a chiropractic  
113 physician with reasonable skill and safety to patients  
114 because of one of the following: professional incompetency;  
115 illness, drunkenness, or excessive use of drugs, narcotics,  
116 or chemicals; any mental or physical condition. In enforcing  
117 this subdivision the board shall, after a hearing before the  
118 board, upon a finding of probable cause, require the  
119 chiropractor for the purpose of establishing his competency  
120 to practice as a chiropractic physician to submit to a  
121 reexamination, which shall be conducted in accordance with  
122 rules adopted for this purpose by the board, including rules  
123 to allow the examination of the chiropractic physician's  
124 professional competence by at least three chiropractic  
125 physicians, or to submit to a mental or physical examination  
126 or combination thereof by at least three physicians. One  
127 examiner shall be selected by the chiropractic physician  
128 compelled to take the examination, one selected by the  
129 board, and one shall be selected by the two examiners so  
130 selected. Notice of the physical or mental examination shall

131 be given by personal service or certified mail. Failure of  
132 the chiropractic physician to submit to an examination when  
133 directed shall constitute an admission of the allegations  
134 against him, unless the failure was due to circumstances  
135 beyond his control. A chiropractic physician whose right to  
136 practice has been affected under this subdivision shall, at  
137 reasonable intervals, be afforded an opportunity to  
138 demonstrate that he can resume competent practice with  
139 reasonable skill and safety to patients.

140 (a) In any proceeding under this subdivision, neither  
141 the record of proceedings nor the orders entered by the  
142 board shall be used against a chiropractic physician in any  
143 other proceeding. Proceedings under this subdivision shall  
144 be conducted by the board without the filing of a complaint  
145 with the administrative hearing commission;

146 (b) When the board finds any person unqualified  
147 because of any of the grounds set forth in this subdivision,  
148 it may enter an order imposing one or more of the following:  
149 denying his application for a license; permanently  
150 withholding issuance of a license; administering a public or  
151 private reprimand; suspending or limiting or restricting his  
152 license to practice as a chiropractic physician for a period  
153 of not more than five years; revoking his license to  
154 practice as a chiropractic physician; requiring him to  
155 submit to the care, counseling or treatment of physicians  
156 designated by the chiropractic physician compelled to be  
157 treated. For the purpose of this subdivision, "license"  
158 includes the certificate of registration, or license, or  
159 both, issued by the board.

160 3. After the filing of such complaint, the proceedings  
161 shall be conducted in accordance with the provisions of  
162 chapter 621. Upon a finding by the administrative hearing

163 commission that the grounds, provided in subsection 2 of  
164 this section, for disciplinary action are met, the board  
165 may, singly or in combination:

166 (1) Censure or place the person named in the complaint  
167 on probation on such terms and conditions as the board deems  
168 appropriate for a period not to exceed five years; or

169 (2) May suspend the license, certificate or permit for  
170 a period not to exceed three years; or

171 (3) Revoke the license, certificate or permit.

172 4. If at any time after disciplinary sanctions have  
173 been imposed under this section or under any provision of  
174 this chapter, the licensee removes himself from the state of  
175 Missouri, ceases to be currently licensed under the  
176 provisions of this chapter, or fails to keep the Missouri  
177 state board of chiropractic examiners advised of his current  
178 place of business and residence, the time of his absence, or  
179 unlicensed status, or unknown whereabouts shall not be  
180 deemed or taken as any part of the time of discipline so  
181 imposed.

334.036. 1. For purposes of this section, the  
2 following terms shall mean:

3 (1) "Assistant physician", any **graduate of a** medical  
4 school **[graduate] accredited by the Liaison Committee on**  
5 **Medical Education, the Commission on Osteopathic College**  
6 **Accreditation, or an organization accredited by the**  
7 **Educational Commission for Foreign Medical Graduates** who:

8 (a) Is a resident and citizen of the United States or  
9 is a legal resident alien;

10 (b) Has successfully completed Step 2 of the United  
11 States Medical Licensing Examination or the equivalent of  
12 such step of any other board-approved medical licensing  
13 examination within the three-year period immediately

14 preceding application for licensure as an assistant  
15 physician, or within three years after graduation from a  
16 medical college or osteopathic medical college, whichever is  
17 later;

18 (c) Has not completed an approved postgraduate  
19 residency and has successfully completed Step 2 of the  
20 United States Medical Licensing Examination or the  
21 equivalent of such step of any other board-approved medical  
22 licensing examination within the immediately preceding three-  
23 year period unless when such three-year anniversary occurred  
24 he or she was serving as a resident physician in an  
25 accredited residency in the United States and continued to  
26 do so within thirty days prior to application for licensure  
27 as an assistant physician; and

28 (d) Has proficiency in the English language.

29 Any **graduate of a** medical school [graduate] who could have  
30 applied for licensure and complied with the provisions of  
31 this subdivision at any time between August 28, 2014, and  
32 August 28, 2017, may apply for licensure and shall be deemed  
33 in compliance with the provisions of this subdivision;

34 (2) "Assistant physician collaborative practice  
35 arrangement", an agreement between a physician and an  
36 assistant physician that meets the requirements of this  
37 section and section 334.037[;]

38 (3) "Medical school graduate", any person who has  
39 graduated from a medical college or osteopathic medical  
40 college described in section 334.031].

41 2. (1) An assistant physician collaborative practice  
42 arrangement shall limit the assistant physician to providing  
43 only primary care services and only in medically underserved  
44 rural or urban areas of this state [or in any pilot project

45 areas established in which assistant physicians may  
46 practice].

47 (2) For a physician-assistant physician team working  
48 in a rural health clinic under the federal Rural Health  
49 Clinic Services Act, P.L. 95-210, as amended:

50 (a) An assistant physician shall be considered a  
51 physician assistant for purposes of regulations of the  
52 Centers for Medicare and Medicaid Services (CMS); and

53 (b) No supervision requirements in addition to the  
54 minimum federal law shall be required.

55 3. (1) For purposes of this section, the licensure of  
56 assistant physicians shall take place within processes  
57 established by rules of the state board of registration for  
58 the healing arts. The board of healing arts is authorized  
59 to establish rules under chapter 536 establishing licensure  
60 and renewal procedures, supervision, collaborative practice  
61 arrangements, fees, and addressing such other matters as are  
62 necessary to protect the public and discipline the  
63 profession. No licensure fee for an assistant physician  
64 shall exceed the amount of any licensure fee for a physician  
65 assistant. An application for licensure may be denied or  
66 the licensure of an assistant physician may be suspended or  
67 revoked by the board in the same manner and for violation of  
68 the standards as set forth by section 334.100, or such other  
69 standards of conduct set by the board by rule. No rule or  
70 regulation shall require an assistant physician to complete  
71 more hours of continuing medical education than that of a  
72 licensed physician.

73 (2) Any rule or portion of a rule, as that term is  
74 defined in section 536.010, that is created under the  
75 authority delegated in this section shall become effective  
76 only if it complies with and is subject to all of the

77 provisions of chapter 536 and, if applicable, section  
78 536.028. This section and chapter 536 are nonseverable and  
79 if any of the powers vested with the general assembly under  
80 chapter 536 to review, to delay the effective date, or to  
81 disapprove and annul a rule are subsequently held  
82 unconstitutional, then the grant of rulemaking authority and  
83 any rule proposed or adopted after August 28, 2014, shall be  
84 invalid and void.

85 (3) Any rules or regulations regarding assistant  
86 physicians in effect as of the effective date of this  
87 section that conflict with the provisions of this section  
88 and section 334.037 shall be null and void as of the  
89 effective date of this section.

90 4. An assistant physician shall clearly identify  
91 himself or herself as an assistant physician and shall be  
92 permitted to use the terms "doctor", "Dr.", or "doc". No  
93 assistant physician shall practice or attempt to practice  
94 without an assistant physician collaborative practice  
95 arrangement, except as otherwise provided in this section  
96 and in an emergency situation.

97 5. The collaborating physician is responsible at all  
98 times for the oversight of the activities of and accepts  
99 responsibility for primary care services rendered by the  
100 assistant physician.

101 6. The provisions of section 334.037 shall apply to  
102 all assistant physician collaborative practice  
103 arrangements. Any renewal of licensure under this section  
104 shall include verification of actual practice under a  
105 collaborative practice arrangement in accordance with this  
106 subsection during the immediately preceding licensure period.

107 7. Each health carrier or health benefit plan that  
108 offers or issues health benefit plans that are delivered,

109 issued for delivery, continued, or renewed in this state  
110 shall reimburse an assistant physician for the diagnosis,  
111 consultation, or treatment of an insured or enrollee on the  
112 same basis that the health carrier or health benefit plan  
113 covers the service when it is delivered by another  
114 comparable mid-level health care provider including, but not  
115 limited to, a physician assistant.

334.043. [Upon the applicant paying a fee equivalent  
2 to the required examination fee and furnishing the board  
3 with all locations of previous practice and licensure in  
4 chronological order, the board shall, under regulations  
5 prescribed by it, admit without examination qualified  
6 persons who meet the requirements of this state including,  
7 but not limited to, sections 334.031, 334.035 and 334.040,  
8 and who hold certificates of licensure in any state or  
9 territory of the United States or the District of Columbia  
10 authorizing them to practice in the same manner and to the  
11 same extent as physicians and surgeons are authorized to  
12 practice by this chapter. Within the limits of this  
13 section, the board is authorized and empowered to negotiate  
14 reciprocal compacts with licensing boards of other states  
15 for admission of licensed practitioners from Missouri in  
16 other states] 1. **For purposes of this section, the  
17 following terms mean:**

18 (1) **"Board", the state board of registration for the  
19 healing arts in the state of Missouri;**

20 (2) **"License", a license, certificate, registration,  
21 permit, accreditation, or military occupational specialty  
22 that enables a person to legally practice an occupation or  
23 profession in a particular jurisdiction;**

24 (3) **"Military", the Armed Forces of the United States,  
25 including the Air Force, Army, Coast Guard, Marine Corps,**

26 Navy, Space Force, National Guard, and any other military  
27 branch that is designated by Congress as part of the Armed  
28 Forces of the United States, and all reserve components and  
29 auxiliaries. The term "military" also includes the military  
30 reserves and militia of any United States territory or state;

31 (4) "Nonresident military spouse", a nonresident  
32 spouse of an active duty member of the Armed Forces of the  
33 United States who has been transferred or is scheduled to be  
34 transferred to the state of Missouri, or who has been  
35 transferred or is scheduled to be transferred to an adjacent  
36 state and is or will be domiciled in the state of Missouri,  
37 or has moved to the state of Missouri on a permanent change-  
38 of-station basis;

39 (5) "Oversight body", any board, department, agency,  
40 or office of a jurisdiction that issues licenses;

41 (6) "Resident military spouse", a spouse of an active  
42 duty member of the Armed Forces of the United States who has  
43 been transferred or is scheduled to be transferred to the  
44 state of Missouri or an adjacent state and who is a  
45 permanent resident of the state of Missouri, who is  
46 domiciled in the state of Missouri, or who has Missouri as  
47 his or her home of record.

48 2. Any person who holds a valid current physician and  
49 surgeon license issued by another state, a branch or unit of  
50 the military, a territory of the United States, or the  
51 District of Columbia, and who has been licensed for at least  
52 one year in such other jurisdiction, may submit to the board  
53 an application for a physician and surgeon license in  
54 Missouri along with proof of current licensure and proof of  
55 licensure for at least one year in the other jurisdiction.

56 3. The board shall:

57           (1) Within six months of receiving an application  
58 described in subsection 2 of this section, waive any  
59 examination, educational, or experience requirements for  
60 licensure in this state for the applicant if it determines  
61 that there were minimum education requirements and, if  
62 applicable, work experience and clinical supervision  
63 requirements in effect and the other jurisdiction verifies  
64 that the person met those requirements in order to be  
65 licensed or certified in that jurisdiction. The board may  
66 require an applicant to take and pass an examination  
67 specific to the laws of this state; or

68           (2) Within thirty days of receiving an application  
69 described in subsection 2 of this section from a nonresident  
70 military spouse or a resident military spouse, waive any  
71 examination, educational, or experience requirements for  
72 licensure in this state for the applicant and issue such  
73 applicant a license under this section if such applicant  
74 otherwise meets the requirements of this section.

75           4. (1) The board shall not waive any examination,  
76 educational, or experience requirements for any applicant  
77 who has had his or her license revoked by an oversight body  
78 outside the state; who is currently under investigation, who  
79 has a complaint pending, or who is currently under  
80 disciplinary action, except as provided in subdivision (2)  
81 of this subsection, with an oversight body outside the  
82 state; who does not hold a license in good standing with an  
83 oversight body outside the state; who has a criminal record  
84 that would disqualify him or her for licensure in Missouri;  
85 or who does not hold a valid current license in the other  
86 jurisdiction on the date the board receives his or her  
87 application under this section.

88           (2) If another jurisdiction has taken disciplinary  
89 action against an applicant, the board shall determine if  
90 the cause for the action was corrected and the matter  
91 resolved. If the matter has not been resolved by that  
92 jurisdiction, the board may deny a license until the matter  
93 is resolved.

94           5. Nothing in this section shall prohibit the board  
95 from denying a license to an applicant under this section  
96 for any reason described in section 334.100.

97           6. Any person who is licensed under the provisions of  
98 this section shall be subject to the board's jurisdiction  
99 and all rules and regulations pertaining to the practice as  
100 a physician and surgeon in this state.

101           7. This section shall not be construed to waive any  
102 requirement for an applicant to pay any fees.

334.100. 1. The board may refuse to issue or renew  
2 any certificate of registration or authority, permit or  
3 license required pursuant to this chapter for one or any  
4 combination of causes stated in subsection 2 of this  
5 section. The board shall notify the applicant in writing of  
6 the reasons for the refusal and shall advise the applicant  
7 of the applicant's right to file a complaint with the  
8 administrative hearing commission as provided by chapter  
9 621. As an alternative to a refusal to issue or renew any  
10 certificate, registration or authority, the board may, at  
11 its discretion, issue a license which is subject to  
12 probation, restriction or limitation to an applicant for  
13 licensure for any one or any combination of causes stated in  
14 subsection 2 of this section. The board's order of  
15 probation, limitation or restriction shall contain a  
16 statement of the discipline imposed, the basis therefor, the  
17 date such action shall become effective, and a statement

18 that the applicant has thirty days to request in writing a  
19 hearing before the administrative hearing commission. If  
20 the board issues a probationary, limited or restricted  
21 license to an applicant for licensure, either party may file  
22 a written petition with the administrative hearing  
23 commission within thirty days of the effective date of the  
24 probationary, limited or restricted license seeking review  
25 of the board's determination. If no written request for a  
26 hearing is received by the administrative hearing commission  
27 within the thirty-day period, the right to seek review of  
28 the board's decision shall be considered as waived.

29 2. The board may cause a complaint to be filed with  
30 the administrative hearing commission as provided by chapter  
31 621 against any holder of any certificate of registration or  
32 authority, permit or license required by this chapter or any  
33 person who has failed to renew or has surrendered the  
34 person's certificate of registration or authority, permit or  
35 license for any one or any combination of the following  
36 causes:

37 (1) Use of any controlled substance, as defined in  
38 chapter 195, or alcoholic beverage to an extent that such  
39 use impairs a person's ability to perform the work of any  
40 profession licensed or regulated by this chapter;

41 (2) The person has been finally adjudicated and found  
42 guilty, or entered a plea of guilty or nolo contendere, in a  
43 criminal prosecution under the laws of any state or of the  
44 United States, for any offense reasonably related to the  
45 qualifications, functions or duties of any profession  
46 licensed or regulated pursuant to this chapter, for any  
47 offense involving fraud, dishonesty or an act of violence,  
48 or for any offense involving moral turpitude, whether or not  
49 sentence is imposed;

50           (3) Use of fraud, deception, misrepresentation or  
51 bribery in securing any certificate of registration or  
52 authority, permit or license issued pursuant to this chapter  
53 or in obtaining permission to take any examination given or  
54 required pursuant to this chapter;

55           (4) Misconduct, fraud, misrepresentation, dishonesty,  
56 unethical conduct or unprofessional conduct in the  
57 performance of the functions or duties of any profession  
58 licensed or regulated by this chapter, including, but not  
59 limited to, the following:

60           (a) Obtaining or attempting to obtain any fee, charge,  
61 tuition or other compensation by fraud, deception or  
62 misrepresentation; willfully and continually overcharging or  
63 overtreating patients; or charging for visits to the  
64 physician's office which did not occur unless the services  
65 were contracted for in advance, or for services which were  
66 not rendered or documented in the patient's records;

67           (b) Attempting, directly or indirectly, by way of  
68 intimidation, coercion or deception, to obtain or retain a  
69 patient or discourage the use of a second opinion or  
70 consultation;

71           (c) Willfully and continually performing inappropriate  
72 or unnecessary treatment, diagnostic tests or medical or  
73 surgical services;

74           (d) Delegating professional responsibilities to a  
75 person who is not qualified by training, skill, competency,  
76 age, experience or licensure to perform such  
77 responsibilities;

78           (e) Misrepresenting that any disease, ailment or  
79 infirmity can be cured by a method, procedure, treatment,  
80 medicine or device;

81           (f) Performing or prescribing medical services which  
82 have been declared by board rule to be of no medical or  
83 osteopathic value;

84           (g) Final disciplinary action by any professional  
85 medical or osteopathic association or society or licensed  
86 hospital or medical staff of such hospital in this or any  
87 other state or territory, whether agreed to voluntarily or  
88 not, and including, but not limited to, any removal,  
89 suspension, limitation, or restriction of the person's  
90 license or staff or hospital privileges, failure to renew  
91 such privileges or license for cause, or other final  
92 disciplinary action, if the action was in any way related to  
93 unprofessional conduct, professional incompetence,  
94 malpractice or any other violation of any provision of this  
95 chapter;

96           (h) Signing a blank prescription form; or dispensing,  
97 prescribing, administering or otherwise distributing any  
98 drug, controlled substance or other treatment without  
99 sufficient examination including failing to establish a  
100 valid physician-patient relationship pursuant to section  
101 334.108, or for other than medically accepted therapeutic or  
102 experimental or investigative purposes duly authorized by a  
103 state or federal agency, or not in the course of  
104 professional practice, or not in good faith to relieve pain  
105 and suffering, or not to cure an ailment, physical infirmity  
106 or disease, except as authorized in section 334.104;

107           (i) Exercising influence within a physician-patient  
108 relationship for purposes of engaging a patient in sexual  
109 activity;

110           (j) Being listed on any state or federal sexual  
111 offender registry;

112 (k) Terminating the medical care of a patient without  
113 adequate notice or without making other arrangements for the  
114 continued care of the patient;

115 (l) Failing to furnish details of a patient's medical  
116 records to other treating physicians or hospitals upon  
117 proper request; or failing to comply with any other law  
118 relating to medical records;

119 (m) Failure of any applicant or licensee to cooperate  
120 with the board during any investigation;

121 (n) Failure to comply with any subpoena or subpoena  
122 duces tecum from the board or an order of the board;

123 (o) Failure to timely pay license renewal fees  
124 specified in this chapter;

125 (p) Violating a probation agreement, order, or other  
126 settlement agreement with this board or any other licensing  
127 agency;

128 (q) Failing to inform the board of the physician's  
129 current residence and business address;

130 (r) Advertising by an applicant or licensee which is  
131 false or misleading, or which violates any rule of the  
132 board, or which claims without substantiation the positive  
133 cure of any disease, or professional superiority to or  
134 greater skill than that possessed by any other physician.  
135 An applicant or licensee shall also be in violation of this  
136 provision if the applicant or licensee has a financial  
137 interest in any organization, corporation or association  
138 which issues or conducts such advertising;

139 (s) Any other conduct that is unethical or  
140 unprofessional involving a minor;

141 (5) Any conduct or practice which is or might be  
142 harmful or dangerous to the mental or physical health of a  
143 patient or the public; or incompetency, gross negligence or

144 repeated negligence in the performance of the functions or  
145 duties of any profession licensed or regulated by this  
146 chapter. For the purposes of this subdivision, "repeated  
147 negligence" means the failure, on more than one occasion, to  
148 use that degree of skill and learning ordinarily used under  
149 the same or similar circumstances by the member of the  
150 applicant's or licensee's profession;

151 (6) Violation of, or attempting to violate, directly  
152 or indirectly, or assisting or enabling any person to  
153 violate, any provision of this chapter or chapter 324, or of  
154 any lawful rule or regulation adopted pursuant to this  
155 chapter or chapter 324;

156 (7) Impersonation of any person holding a certificate  
157 of registration or authority, permit or license or allowing  
158 any person to use his or her certificate of registration or  
159 authority, permit, license or diploma from any school;

160 (8) Revocation, suspension, restriction, modification,  
161 limitation, reprimand, warning, censure, probation or other  
162 final disciplinary action against the holder of or applicant  
163 for a license or other right to practice any profession  
164 regulated by this chapter by another state, territory,  
165 federal agency or country, whether or not voluntarily agreed  
166 to by the licensee or applicant, including, but not limited  
167 to, the denial of licensure, surrender of the license,  
168 allowing the license to expire or lapse, or discontinuing or  
169 limiting the practice of medicine while subject to an  
170 investigation or while actually under investigation by any  
171 licensing authority, medical facility, branch of the Armed  
172 Forces of the United States of America, insurance company,  
173 court, agency of the state or federal government, or  
174 employer;

175           (9) A person is finally adjudged incapacitated or  
176 disabled by a court of competent jurisdiction;

177           (10) Assisting or enabling any person to practice or  
178 offer to practice any profession licensed or regulated by  
179 this chapter who is not registered and currently eligible to  
180 practice pursuant to this chapter; or knowingly performing  
181 any act which in any way aids, assists, procures, advises,  
182 or encourages any person to practice medicine who is not  
183 registered and currently eligible to practice pursuant to  
184 this chapter. A physician who works in accordance with  
185 standing orders or protocols or in accordance with the  
186 provisions of section 334.104 shall not be in violation of  
187 this subdivision;

188           (11) Issuance of a certificate of registration or  
189 authority, permit or license based upon a material mistake  
190 of fact;

191           (12) Failure to display a valid certificate or license  
192 if so required by this chapter or any rule promulgated  
193 pursuant to this chapter;

194           (13) Violation of the drug laws or rules and  
195 regulations of this state, including but not limited to any  
196 provision of chapter 195, any other state, or the federal  
197 government;

198           (14) Knowingly making, or causing to be made, or  
199 aiding, or abetting in the making of, a false statement in  
200 any birth, death or other certificate or document executed  
201 in connection with the practice of the person's profession;

202           (15) Knowingly making a false statement, orally or in  
203 writing to the board;

204           (16) Soliciting patronage in person or by agents or  
205 representatives, or by any other means or manner, under the  
206 person's own name or under the name of another person or

207 concern, actual or pretended, in such a manner as to  
208 confuse, deceive, or mislead the public as to the need or  
209 necessity for or appropriateness of health care services for  
210 all patients, or the qualifications of an individual person  
211 or persons to diagnose, render, or perform health care  
212 services;

213 (17) Using, or permitting the use of, the person's  
214 name under the designation of "Doctor", "Dr.", "M.D.", or  
215 "D.O.", or any similar designation with reference to the  
216 commercial exploitation of any goods, wares or merchandise;

217 (18) Knowingly making or causing to be made a false  
218 statement or misrepresentation of a material fact, with  
219 intent to defraud, for payment pursuant to the provisions of  
220 chapter 208 or chapter 630 or for payment from Title XVIII  
221 or Title XIX of the Social Security Act;

222 (19) Failure or refusal to properly guard against  
223 contagious, infectious or communicable diseases or the  
224 spread thereof; maintaining an unsanitary office or  
225 performing professional services under unsanitary  
226 conditions; or failure to report the existence of an  
227 unsanitary condition in the office of a physician or in any  
228 health care facility to the board, in writing, within thirty  
229 days after the discovery thereof;

230 (20) Any candidate for licensure or person licensed to  
231 practice as a physical therapist, paying or offering to pay  
232 a referral fee or[, notwithstanding section 334.010 to the  
233 contrary, practicing or offering to practice professional  
234 physical therapy independent of the prescription and  
235 direction of a person licensed and registered as a physician  
236 and surgeon pursuant to this chapter, as a dentist pursuant  
237 to chapter 332, as a podiatrist pursuant to chapter 330, as  
238 an advanced practice registered nurse under chapter 335, or

239 any licensed and registered physician, dentist, podiatrist,  
240 or advanced practice registered nurse practicing in another  
241 jurisdiction, whose license is in good standing] **evaluating**  
242 **or treating a patient in a manner inconsistent with section**  
243 **334.506;**

244 (21) Any candidate for licensure or person licensed to  
245 practice as a physical therapist, treating or attempting to  
246 treat ailments or other health conditions of human beings  
247 other than by professional physical therapy and as  
248 authorized by sections 334.500 to 334.620;

249 (22) Any person licensed to practice as a physician or  
250 surgeon, requiring, as a condition of the physician-patient  
251 relationship, that the patient receive prescribed drugs,  
252 devices or other professional services directly from  
253 facilities of that physician's office or other entities  
254 under that physician's ownership or control. A physician  
255 shall provide the patient with a prescription which may be  
256 taken to the facility selected by the patient and a  
257 physician knowingly failing to disclose to a patient on a  
258 form approved by the advisory commission for professional  
259 physical therapists as established by section 334.625 which  
260 is dated and signed by a patient or guardian acknowledging  
261 that the patient or guardian has read and understands that  
262 the physician has a pecuniary interest in a physical therapy  
263 or rehabilitation service providing prescribed treatment and  
264 that the prescribed treatment is available on a competitive  
265 basis. This subdivision shall not apply to a referral by  
266 one physician to another physician within a group of  
267 physicians practicing together;

268 (23) A pattern of personal use or consumption of any  
269 controlled substance unless it is prescribed, dispensed or

270 administered by another physician who is authorized by law  
271 to do so;

272 (24) Habitual intoxication or dependence on alcohol,  
273 evidence of which may include more than one alcohol-related  
274 enforcement contact as defined by section 302.525;

275 (25) Failure to comply with a treatment program or an  
276 aftercare program entered into as part of a board order,  
277 settlement agreement or licensee's professional health  
278 program;

279 (26) Revocation, suspension, limitation, probation, or  
280 restriction of any kind whatsoever of any controlled  
281 substance authority, whether agreed to voluntarily or not,  
282 or voluntary termination of a controlled substance authority  
283 while under investigation;

284 (27) For a physician to operate, conduct, manage, or  
285 establish an abortion facility, or for a physician to  
286 perform an abortion in an abortion facility, if such  
287 facility comes under the definition of an ambulatory  
288 surgical center pursuant to sections 197.200 to 197.240, and  
289 such facility has failed to obtain or renew a license as an  
290 ambulatory surgical center.

291 3. Collaborative practice arrangements, protocols and  
292 standing orders shall be in writing and signed and dated by  
293 a physician prior to their implementation.

294 4. After the filing of such complaint before the  
295 administrative hearing commission, the proceedings shall be  
296 conducted in accordance with the provisions of chapter 621.  
297 Upon a finding by the administrative hearing commission that  
298 the grounds, provided in subsection 2 of this section, for  
299 disciplinary action are met, the board may, singly or in  
300 combination, warn, censure or place the person named in the  
301 complaint on probation on such terms and conditions as the

302 board deems appropriate for a period not to exceed ten  
303 years, or may suspend the person's license, certificate or  
304 permit for a period not to exceed three years, or restrict  
305 or limit the person's license, certificate or permit for an  
306 indefinite period of time, or revoke the person's license,  
307 certificate, or permit, or administer a public or private  
308 reprimand, or deny the person's application for a license,  
309 or permanently withhold issuance of a license or require the  
310 person to submit to the care, counseling or treatment of  
311 physicians designated by the board at the expense of the  
312 individual to be examined, or require the person to attend  
313 such continuing educational courses and pass such  
314 examinations as the board may direct.

315         5. In any order of revocation, the board may provide  
316 that the person may not apply for reinstatement of the  
317 person's license for a period of time ranging from two to  
318 seven years following the date of the order of revocation.  
319 All stay orders shall toll this time period.

320         6. Before restoring to good standing a license,  
321 certificate or permit issued pursuant to this chapter which  
322 has been in a revoked, suspended or inactive state for any  
323 cause for more than two years, the board may require the  
324 applicant to attend such continuing medical education  
325 courses and pass such examinations as the board may direct.

326         7. In any investigation, hearing or other proceeding  
327 to determine a licensee's or applicant's fitness to  
328 practice, any record relating to any patient of the licensee  
329 or applicant shall be discoverable by the board and  
330 admissible into evidence, regardless of any statutory or  
331 common law privilege which such licensee, applicant, record  
332 custodian or patient might otherwise invoke. In addition,  
333 no such licensee, applicant, or record custodian may

334 withhold records or testimony bearing upon a licensee's or  
335 applicant's fitness to practice on the ground of privilege  
336 between such licensee, applicant or record custodian and a  
337 patient.

338 8. The act of lawfully dispensing, prescribing,  
339 administering, or otherwise distributing ivermectin tablets  
340 or hydroxychloroquine sulfate tablets for human use shall  
341 not be grounds for denial, suspension, revocation, or other  
342 disciplinary action by the board.

334.104. 1. A physician may enter into collaborative  
2 practice arrangements with registered professional nurses.  
3 Collaborative practice arrangements shall be in the form of  
4 written agreements, jointly agreed-upon protocols, or  
5 standing orders for the delivery of health care services.  
6 Collaborative practice arrangements, which shall be in  
7 writing, may delegate to a registered professional nurse the  
8 authority to administer or dispense drugs and provide  
9 treatment as long as the delivery of such health care  
10 services is within the scope of practice of the registered  
11 professional nurse and is consistent with that nurse's  
12 skill, training and competence.

13 2. **(1)** Collaborative practice arrangements, which  
14 shall be in writing, may delegate to a registered  
15 professional nurse the authority to administer, dispense or  
16 prescribe drugs and provide treatment if the registered  
17 professional nurse is an advanced practice registered nurse  
18 as defined in subdivision (2) of section 335.016.  
19 Collaborative practice arrangements may delegate to an  
20 advanced practice registered nurse, as defined in section  
21 335.016, the authority to administer, dispense, or prescribe  
22 controlled substances listed in Schedules III, IV, and V of  
23 section 195.017, and Schedule II - hydrocodone; except that,

24 the collaborative practice arrangement shall not delegate  
25 the authority to administer any controlled substances listed  
26 in Schedules III, IV, and V of section 195.017, or Schedule  
27 II - hydrocodone for the purpose of inducing sedation or  
28 general anesthesia for therapeutic, diagnostic, or surgical  
29 procedures. Schedule III narcotic controlled substance and  
30 Schedule II - hydrocodone prescriptions shall be limited to  
31 a one hundred twenty-hour supply without refill.

32 **(2) Notwithstanding any other provision of this**  
33 **section to the contrary, a collaborative practice**  
34 **arrangement may delegate to an advanced practice registered**  
35 **nurse the authority to administer, dispense, or prescribe**  
36 **Schedule II controlled substances for hospice patients;**  
37 **provided, that the advanced practice registered nurse is**  
38 **employed by a hospice provider certified pursuant to chapter**  
39 **197 and the advanced practice registered nurse is providing**  
40 **care to hospice patients pursuant to a collaborative**  
41 **practice arrangement that designates the certified hospice**  
42 **as a location where the advanced practice registered nurse**  
43 **is authorized to practice and prescribe.**

44 **(3)** Such collaborative practice arrangements shall be  
45 in the form of written agreements, jointly agreed-upon  
46 protocols or standing orders for the delivery of health care  
47 services.

48 **(4)** An advanced practice registered nurse may  
49 prescribe buprenorphine for up to a thirty-day supply  
50 without refill for patients receiving medication-assisted  
51 treatment for substance use disorders under the direction of  
52 the collaborating physician.

53 3. The written collaborative practice arrangement  
54 shall contain at least the following provisions:

55 (1) Complete names, home and business addresses, zip  
56 codes, and telephone numbers of the collaborating physician  
57 and the advanced practice registered nurse;

58 (2) A list of all other offices or locations besides  
59 those listed in subdivision (1) of this subsection where the  
60 collaborating physician authorized the advanced practice  
61 registered nurse to prescribe;

62 (3) A requirement that there shall be posted at every  
63 office where the advanced practice registered nurse is  
64 authorized to prescribe, in collaboration with a physician,  
65 a prominently displayed disclosure statement informing  
66 patients that they may be seen by an advanced practice  
67 registered nurse and have the right to see the collaborating  
68 physician;

69 (4) All specialty or board certifications of the  
70 collaborating physician and all certifications of the  
71 advanced practice registered nurse;

72 (5) The manner of collaboration between the  
73 collaborating physician and the advanced practice registered  
74 nurse, including how the collaborating physician and the  
75 advanced practice registered nurse will:

76 (a) Engage in collaborative practice consistent with  
77 each professional's skill, training, education, and  
78 competence;

79 (b) Maintain geographic proximity, except **as specified**  
80 **in this paragraph. The following provisions shall apply**  
81 **with respect to this requirement:**

82 a. **Until August 28, 2025, an advanced practice**  
83 **registered nurse providing services in a correctional**  
84 **center, as defined in section 217.010, and his or her**  
85 **collaborating physician shall satisfy the geographic**  
86 **proximity requirement if they practice within two hundred**

87 miles by road of one another. An incarcerated patient who  
88 requests or requires a physician consultation shall be  
89 treated by a physician as soon as appropriate;

90       **b.** The collaborative practice arrangement may allow  
91 for geographic proximity to be waived for a maximum of  
92 twenty-eight days per calendar year for rural health clinics  
93 as defined by P.L. 95-210 (**42 U.S.C. Section 1395x, as**  
94 **amended**), as long as the collaborative practice arrangement  
95 includes alternative plans as required in paragraph (c) of  
96 this subdivision. This exception to geographic proximity  
97 shall apply only to independent rural health clinics,  
98 provider-based rural health clinics where the provider is a  
99 critical access hospital as provided in 42 U.S.C. Section  
100 1395i-4, and provider-based rural health clinics where the  
101 main location of the hospital sponsor is greater than fifty  
102 miles from the clinic[.];

103       **c.** The collaborative practice arrangement may allow  
104 for geographic proximity to be waived when the arrangement  
105 outlines the use of telehealth, as defined in section  
106 191.1145;

107       **d.** In addition to the waivers and exemptions provided  
108 in this subsection, an application for a waiver for any  
109 other reason of any applicable geographic proximity shall be  
110 available if a physician is collaborating with an advanced  
111 practice registered nurse in excess of any geographic  
112 proximity limit. The board of nursing and the state board  
113 of registration for the healing arts shall review each  
114 application for a waiver of geographic proximity and approve  
115 the application if the boards determine that adequate  
116 supervision exists between the collaborating physician and  
117 the advanced practice registered nurse. The boards shall  
118 have forty-five calendar days to review the completed

119 application for the waiver of geographic proximity. If no  
120 action is taken by the boards within forty-five days after  
121 the submission of the application for a waiver, then the  
122 application shall be deemed approved. If the application is  
123 denied by the boards, the provisions of section 536.063 for  
124 contested cases shall apply and govern proceedings for  
125 appellate purposes; and

126 e. The collaborating physician is required to maintain  
127 documentation related to this requirement and to present it  
128 to the state board of registration for the healing arts when  
129 requested; and

130 (c) Provide coverage during absence, incapacity,  
131 infirmity, or emergency by the collaborating physician;

132 (6) A description of the advanced practice registered  
133 nurse's controlled substance prescriptive authority in  
134 collaboration with the physician, including a list of the  
135 controlled substances the physician authorizes the nurse to  
136 prescribe and documentation that it is consistent with each  
137 professional's education, knowledge, skill, and competence;

138 (7) A list of all other written practice agreements of  
139 the collaborating physician and the advanced practice  
140 registered nurse;

141 (8) The duration of the written practice agreement  
142 between the collaborating physician and the advanced  
143 practice registered nurse;

144 (9) A description of the time and manner of the  
145 collaborating physician's review of the advanced practice  
146 registered nurse's delivery of health care services. The  
147 description shall include provisions that the advanced  
148 practice registered nurse shall submit a minimum of ten  
149 percent of the charts documenting the advanced practice  
150 registered nurse's delivery of health care services to the

151 collaborating physician for review by the collaborating  
152 physician, or any other physician designated in the  
153 collaborative practice arrangement, every fourteen days;  
154 [and]

155 (10) The collaborating physician, or any other  
156 physician designated in the collaborative practice  
157 arrangement, shall review every fourteen days a minimum of  
158 twenty percent of the charts in which the advanced practice  
159 registered nurse prescribes controlled substances. The  
160 charts reviewed under this subdivision may be counted in the  
161 number of charts required to be reviewed under subdivision  
162 (9) of this subsection; **and**

163 (11) **If a collaborative practice arrangement is used**  
164 **in clinical situations where a collaborating advanced**  
165 **practice registered nurse provides health care services that**  
166 **include the diagnosis and initiation of treatment for**  
167 **acutely or chronically ill or injured persons, then the**  
168 **collaborating physician or any other physician designated in**  
169 **the collaborative practice arrangement shall be present for**  
170 **sufficient periods of time, at least once every two weeks,**  
171 **except in extraordinary circumstances that shall be**  
172 **documented, to participate in a chart review and to provide**  
173 **necessary medical direction, medical services,**  
174 **consultations, and supervision of the health care staff.**

175 4. The state board of registration for the healing  
176 arts pursuant to section 334.125 and the board of nursing  
177 pursuant to section 335.036 may jointly promulgate rules  
178 regulating the use of collaborative practice arrangements.  
179 Such rules shall be limited to [specifying geographic areas  
180 to be covered,] the methods of treatment that may be covered  
181 by collaborative practice arrangements and the requirements  
182 for review of services provided pursuant to collaborative

183 practice arrangements including delegating authority to  
184 prescribe controlled substances. **Any rules relating to**  
185 **geographic proximity shall allow a collaborating physician**  
186 **and a collaborating advanced practice registered nurse to**  
187 **practice within two hundred miles by road of one another**  
188 **until August 28, 2025, if the nurse is providing services in**  
189 **a correctional center, as defined in section 217.010.** Any  
190 rules relating to dispensing or distribution of medications  
191 or devices by prescription or prescription drug orders under  
192 this section shall be subject to the approval of the state  
193 board of pharmacy. Any rules relating to dispensing or  
194 distribution of controlled substances by prescription or  
195 prescription drug orders under this section shall be subject  
196 to the approval of the department of health and senior  
197 services and the state board of pharmacy. In order to take  
198 effect, such rules shall be approved by a majority vote of a  
199 quorum of each board. Neither the state board of  
200 registration for the healing arts nor the board of nursing  
201 may separately promulgate rules relating to collaborative  
202 practice arrangements. Such jointly promulgated rules shall  
203 be consistent with guidelines for federally funded clinics.  
204 The rulemaking authority granted in this subsection shall  
205 not extend to collaborative practice arrangements of  
206 hospital employees providing inpatient care within hospitals  
207 as defined pursuant to chapter 197 or population-based  
208 public health services as defined by 20 CSR 2150-5.100 as of  
209 April 30, 2008.

210 5. The state board of registration for the healing  
211 arts shall not deny, revoke, suspend or otherwise take  
212 disciplinary action against a physician for health care  
213 services delegated to a registered professional nurse  
214 provided the provisions of this section and the rules

215 promulgated thereunder are satisfied. Upon the written  
216 request of a physician subject to a disciplinary action  
217 imposed as a result of an agreement between a physician and  
218 a registered professional nurse or registered physician  
219 assistant, whether written or not, prior to August 28, 1993,  
220 all records of such disciplinary licensure action and all  
221 records pertaining to the filing, investigation or review of  
222 an alleged violation of this chapter incurred as a result of  
223 such an agreement shall be removed from the records of the  
224 state board of registration for the healing arts and the  
225 division of professional registration and shall not be  
226 disclosed to any public or private entity seeking such  
227 information from the board or the division. The state board  
228 of registration for the healing arts shall take action to  
229 correct reports of alleged violations and disciplinary  
230 actions as described in this section which have been  
231 submitted to the National Practitioner Data Bank. In  
232 subsequent applications or representations relating to his  
233 **or her** medical practice, a physician completing forms or  
234 documents shall not be required to report any actions of the  
235 state board of registration for the healing arts for which  
236 the records are subject to removal under this section.

237 6. Within thirty days of any change and on each  
238 renewal, the state board of registration for the healing  
239 arts shall require every physician to identify whether the  
240 physician is engaged in any collaborative practice  
241 **[agreement] arrangement**, including collaborative practice  
242 **[agreements] arrangements** delegating the authority to  
243 prescribe controlled substances, or physician assistant  
244 **[agreement] collaborative practice arrangement** and also  
245 report to the board the name of each licensed professional  
246 with whom the physician has entered into such **[agreement]**

247 **arrangement.** The board [may] **shall** make this information  
248 available to the public. The board shall track the reported  
249 information and may routinely conduct random reviews of such  
250 [agreements] **arrangements** to ensure that [agreements]  
251 **arrangements** are carried out for compliance under this  
252 chapter.

253 7. Notwithstanding any law to the contrary, a  
254 certified registered nurse anesthetist as defined in  
255 subdivision (8) of section 335.016 shall be permitted to  
256 provide anesthesia services without a collaborative practice  
257 arrangement provided that he or she is under the supervision  
258 of an anesthesiologist or other physician, dentist, or  
259 podiatrist who is immediately available if needed. Nothing  
260 in this subsection shall be construed to prohibit or prevent  
261 a certified registered nurse anesthetist as defined in  
262 subdivision (8) of section 335.016 from entering into a  
263 collaborative practice arrangement under this section,  
264 except that the collaborative practice arrangement may not  
265 delegate the authority to prescribe any controlled  
266 substances listed in Schedules III, IV, and V of section  
267 195.017, or Schedule II - hydrocodone.

268 8. A collaborating physician shall not enter into a  
269 collaborative practice arrangement with more than six full-  
270 time equivalent advanced practice registered nurses, full-  
271 time equivalent licensed physician assistants, or full-time  
272 equivalent assistant physicians, or any combination  
273 thereof. This limitation shall not apply to collaborative  
274 arrangements of hospital employees providing inpatient care  
275 service in hospitals as defined in chapter 197 or population-  
276 based public health services as defined by 20 CSR 2150-5.100  
277 as of April 30, 2008, or to a certified registered nurse  
278 anesthetist providing anesthesia services under the

279 supervision of an anesthesiologist or other physician,  
280 dentist, or podiatrist who is immediately available if  
281 needed as set out in subsection 7 of this section.

282 9. It is the responsibility of the collaborating  
283 physician to determine and document the completion of at  
284 least a one-month period of time during which the advanced  
285 practice registered nurse shall practice with the  
286 collaborating physician continuously present before  
287 practicing in a setting where the collaborating physician is  
288 not continuously present. This limitation shall not apply  
289 to collaborative arrangements of providers of population-  
290 based public health services, as defined by 20 CSR 2150-  
291 5.100 as of April 30, 2008, **or to collaborative practice**  
292 **arrangements between a primary care physician and a primary**  
293 **care advanced practice registered nurse or a behavioral**  
294 **health physician and a behavioral health advanced practice**  
295 **registered nurse, where the collaborating physician is new**  
296 **to a patient population to which the advanced practice**  
297 **registered nurse is familiar.**

298 10. No agreement made under this section shall  
299 supersede current hospital licensing regulations governing  
300 hospital medication orders under protocols or standing  
301 orders for the purpose of delivering inpatient or emergency  
302 care within a hospital as defined in section 197.020 if such  
303 protocols or standing orders have been approved by the  
304 hospital's medical staff and pharmaceutical therapeutics  
305 committee.

306 11. No contract or other **[agreement]** **term of**  
307 **employment** shall require a physician to act as a  
308 collaborating physician for an advanced practice registered  
309 nurse against the physician's will. A physician shall have  
310 the right to refuse to act as a collaborating physician,

311 without penalty, for a particular advanced practice  
312 registered nurse. No contract or other agreement shall  
313 limit the collaborating physician's ultimate authority over  
314 any protocols or standing orders or in the delegation of the  
315 physician's authority to any advanced practice registered  
316 nurse, but this requirement shall not authorize a physician  
317 in implementing such protocols, standing orders, or  
318 delegation to violate applicable standards for safe medical  
319 practice established by hospital's medical staff.

320 12. No contract or other **[agreement]** **term of**  
321 **employment** shall require any advanced practice registered  
322 nurse to serve as a collaborating advanced practice  
323 registered nurse for any collaborating physician against the  
324 advanced practice registered nurse's will. An advanced  
325 practice registered nurse shall have the right to refuse to  
326 collaborate, without penalty, with a particular physician.

334.506. 1. As used in this section, **the following**  
2 **terms mean:**

3 (1) "Approved health care provider" **[means]**, a person  
4 holding a current and active license as a physician and  
5 surgeon under this chapter, a chiropractor under chapter  
6 331, a dentist under chapter 332, a podiatrist under chapter  
7 330, a physician assistant under this chapter, an advanced  
8 practice registered nurse under chapter 335, or any licensed  
9 and registered physician, chiropractor, dentist, or  
10 podiatrist practicing in another jurisdiction whose license  
11 is in good standing;

12 (2) "Consult" or "consultation", **communication by**  
13 **telephone, by fax, in writing, or in person with the**  
14 **patient's personally approved licensed health care provider**  
15 **or a licensed health care provider of the patient's**  
16 **designation.**

17           2. A physical therapist [shall not] **may evaluate and**  
18 initiate treatment [for a new injury or illness] **on a**  
19 **patient** without a prescription **or referral** from an approved  
20 health care provider, **provided that the physical therapist**  
21 **has a doctorate of physical therapy degree or has five years**  
22 **of clinical practice as a physical therapist.**

23           3. A physical therapist may provide educational  
24 resources and training, develop fitness or wellness programs  
25 [for asymptomatic persons], or provide screening or  
26 consultative services within the scope of physical therapy  
27 practice without [the] **a** prescription [and direction of] **or**  
28 **referral from** an approved health care provider.

29           4. [A physical therapist may examine and treat without  
30 the prescription and direction of an approved health care  
31 provider any person with a recurring self-limited injury  
32 within one year of diagnosis by an approved health care  
33 provider or a chronic illness that has been previously  
34 diagnosed by an approved health care provider. The physical  
35 therapist shall:]

36           (1) [Contact the patient's current approved health  
37 care provider within seven days of initiating physical  
38 therapy services under this subsection;] **A physical**  
39 **therapist shall refer to an approved health care provider**  
40 **any patient whose condition at the time of evaluation or**  
41 **treatment is determined to be beyond the scope of practice**  
42 **of physical therapy. The physical therapist shall not**  
43 **provide physical therapy services or treatment after this**  
44 **referral has been made.**

45           (2) [Not change an existing physical therapy referral  
46 available to the physical therapist without approval of the  
47 patient's current approved health care provider;] **A physical**  
48 **therapist shall refer to an approved health care provider**

49 any patient who does not demonstrate measurable or  
50 functional improvement after ten visits or thirty days,  
51 whichever occurs first. The physical therapist shall not  
52 provide further therapy services or treatment after this  
53 referral has been made.

54 (3) [Refer to an approved health care provider any  
55 patient whose medical condition at the time of examination  
56 or treatment is determined to be beyond the scope of  
57 practice of physical therapy;

58 (4) Refer to an approved health care provider any  
59 patient whose condition for which physical therapy services  
60 are rendered under this subsection has not been documented  
61 to be progressing toward documented treatment goals after  
62 six visits or fourteen days, whichever first occurs;

63 (5) Notify the patient's current approved health care  
64 provider prior to the continuation of treatment if treatment  
65 rendered under this subsection is to continue beyond thirty  
66 days. The physical therapist shall provide such  
67 notification for each successive period of thirty days.]

68 (a) A physical therapist shall consult with an approved  
69 health care provider if, after every ten visits or thirty  
70 days, whichever occurs first, the patient has demonstrated  
71 measurable or functional improvement from the course of  
72 physical therapy services or treatment provided and the  
73 physical therapist believes that continuation of the course  
74 of physical therapy services or treatment is reasonable and  
75 necessary based on the physical therapist's evaluation of  
76 the patient. The physical therapist shall not provide  
77 further physical therapy services or treatment until the  
78 consultation has occurred.

79 (b) The consultation with the approved health care  
80 provider shall include information concerning:

81           a. The patient's condition for which physical therapy  
82 services or treatments were provided;

83           b. The basis for the course of services or treatment  
84 indicated, as determined from the physical therapy  
85 evaluation of the patient;

86           c. The physical therapy services or treatment provided  
87 before the date of the consultation;

88           d. The patient's demonstrated measurable or functional  
89 improvement from the services or treatment provided before  
90 the date of the consultation;

91           e. The continuing physical therapy services or  
92 treatment proposed to be provided following the  
93 consultation; and

94           f. The professional physical therapy basis for the  
95 continued physical therapy services or treatment to be  
96 provided.

97           (c) Continued physical therapy services or treatment  
98 following the consultation with and approval by an approved  
99 health care provider shall proceed in accordance with any  
100 feedback, advice, opinion, or direction of the approved  
101 health care provider. The physical therapist shall notify  
102 the consulting approved health care provider of continuing  
103 physical therapy services or treatment and the patient's  
104 progress at least every ten visits or thirty days after the  
105 initial consultation unless the consulting approved health  
106 care provider directs otherwise.

107           (d) The provisions of this subdivision shall not apply  
108 to physical therapy services performed within a primary or  
109 secondary school for individuals within ages not in excess  
110 of twenty-one years.

111           5. The provision of physical therapy services of  
112 evaluation and screening pursuant to this section shall be

113 limited to a physical therapist, and any authority for  
114 evaluation and screening granted within this section may not  
115 be delegated. Upon each reinitiation of physical therapy  
116 services, a physical therapist shall provide a full physical  
117 therapy evaluation prior to the reinitiation of physical  
118 therapy treatment. [Physical therapy treatment provided  
119 pursuant to the provisions of subsection 4 of this section  
120 may be delegated by physical therapists to physical  
121 therapist assistants only if the patient's current approved  
122 health care provider has been so informed as part of the  
123 physical therapist's seven-day notification upon  
124 reinitiation of physical therapy services as required in  
125 subsection 4 of this section.] Nothing in this subsection  
126 shall be construed as to limit the ability of physical  
127 therapists or physical therapist assistants to provide  
128 physical therapy services in accordance with the provisions  
129 of this chapter, and upon the referral of an approved health  
130 care provider. Nothing in this subsection shall prohibit an  
131 approved health care provider from acting within the scope  
132 of their practice as defined by the applicable chapters of  
133 RSMo.

134 6. No person licensed to practice, or applicant for  
135 licensure, as a physical therapist or physical therapist  
136 assistant shall make a medical diagnosis.

137 7. A physical therapist shall only delegate physical  
138 therapy treatment to a physical therapist assistant or to a  
139 person in an entry level of a professional education program  
140 approved by the Commission on Accreditation in Physical  
141 Therapy Education (CAPTE) who satisfies supervised clinical  
142 education requirements related to the person's physical  
143 therapist or physical therapist assistant education. The

144 entry-level person shall be under the supervision of a  
145 physical therapist.

334.613. 1. The board may refuse to issue or renew a  
2 license to practice as a physical therapist or physical  
3 therapist assistant for one or any combination of causes  
4 stated in subsection 2 of this section. The board shall  
5 notify the applicant in writing of the reasons for the  
6 refusal and shall advise the applicant of the applicant's  
7 right to file a complaint with the administrative hearing  
8 commission as provided by chapter 621. As an alternative to  
9 a refusal to issue or renew a license to practice as a  
10 physical therapist or physical therapist assistant, the  
11 board may, at its discretion, issue a license which is  
12 subject to probation, restriction, or limitation to an  
13 applicant for licensure for any one or any combination of  
14 causes stated in subsection 2 of this section. The board's  
15 order of probation, limitation, or restriction shall contain  
16 a statement of the discipline imposed, the basis therefor,  
17 the date such action shall become effective, and a statement  
18 that the applicant has thirty days to request in writing a  
19 hearing before the administrative hearing commission. If  
20 the board issues a probationary, limited, or restricted  
21 license to an applicant for licensure, either party may file  
22 a written petition with the administrative hearing  
23 commission within thirty days of the effective date of the  
24 probationary, limited, or restricted license seeking review  
25 of the board's determination. If no written request for a  
26 hearing is received by the administrative hearing commission  
27 within the thirty-day period, the right to seek review of  
28 the board's decision shall be considered as waived.

29 2. The board may cause a complaint to be filed with  
30 the administrative hearing commission as provided by chapter

31 621 against any holder of a license to practice as a  
32 physical therapist or physical therapist assistant who has  
33 failed to renew or has surrendered his or her license for  
34 any one or any combination of the following causes:

35 (1) Use of any controlled substance, as defined in  
36 chapter 195, or alcoholic beverage to an extent that such  
37 use impairs a person's ability to perform the work of a  
38 physical therapist or physical therapist assistant;

39 (2) The person has been finally adjudicated and found  
40 guilty, or entered a plea of guilty or nolo contendere, in a  
41 criminal prosecution under the laws of any state, of the  
42 United States, or of any country, for any offense directly  
43 related to the duties and responsibilities of the  
44 occupation, as set forth in section 324.012, regardless of  
45 whether or not sentence is imposed;

46 (3) Use of fraud, deception, misrepresentation, or  
47 bribery in securing any certificate of registration or  
48 authority, permit, or license issued under this chapter or  
49 in obtaining permission to take any examination given or  
50 required under this chapter;

51 (4) Misconduct, fraud, misrepresentation, dishonesty,  
52 unethical conduct, or unprofessional conduct in the  
53 performance of the functions or duties of a physical  
54 therapist or physical therapist assistant, including but not  
55 limited to the following:

56 (a) Obtaining or attempting to obtain any fee, charge,  
57 tuition, or other compensation by fraud, deception, or  
58 misrepresentation; willfully and continually overcharging or  
59 overtreating patients; or charging for sessions of physical  
60 therapy which did not occur unless the services were  
61 contracted for in advance, or for services which were not  
62 rendered or documented in the patient's records;

63           (b) Attempting, directly or indirectly, by way of  
64 intimidation, coercion, or deception, to obtain or retain a  
65 patient or discourage the use of a second opinion or  
66 consultation;

67           (c) Willfully and continually performing inappropriate  
68 or unnecessary treatment or services;

69           (d) Delegating professional responsibilities to a  
70 person who is not qualified by training, skill, competency,  
71 age, experience, or licensure to perform such  
72 responsibilities;

73           (e) Misrepresenting that any disease, ailment, or  
74 infirmity can be cured by a method, procedure, treatment,  
75 medicine, or device;

76           (f) Performing services which have been declared by  
77 board rule to be of no physical therapy value;

78           (g) Final disciplinary action by any professional  
79 association, professional society, licensed hospital or  
80 medical staff of the hospital, or physical therapy facility  
81 in this or any other state or territory, whether agreed to  
82 voluntarily or not, and including but not limited to any  
83 removal, suspension, limitation, or restriction of the  
84 person's professional employment, malpractice, or any other  
85 violation of any provision of this chapter;

86           (h) Administering treatment without sufficient  
87 examination, or for other than medically accepted  
88 therapeutic or experimental or investigative purposes duly  
89 authorized by a state or federal agency, or not in the  
90 course of professional physical therapy practice;

91           (i) Engaging in or soliciting sexual relationships,  
92 whether consensual or nonconsensual, while a physical  
93 therapist or physical therapist assistant/patient  
94 relationship exists; making sexual advances, requesting

95 sexual favors, or engaging in other verbal conduct or  
96 physical contact of a sexual nature with patients or clients;

97 (j) Terminating the care of a patient without adequate  
98 notice or without making other arrangements for the  
99 continued care of the patient;

100 (k) Failing to furnish details of a patient's physical  
101 therapy records to treating physicians, other physical  
102 therapists, or hospitals upon proper request; or failing to  
103 comply with any other law relating to physical therapy  
104 records;

105 (l) Failure of any applicant or licensee, other than  
106 the licensee subject to the investigation, to cooperate with  
107 the board during any investigation;

108 (m) Failure to comply with any subpoena or subpoena  
109 duces tecum from the board or an order of the board;

110 (n) Failure to timely pay license renewal fees  
111 specified in this chapter;

112 (o) Violating a probation agreement with this board or  
113 any other licensing agency;

114 (p) Failing to inform the board of the physical  
115 therapist's or physical therapist assistant's current  
116 telephone number, residence, and business address;

117 (q) Advertising by an applicant or licensee which is  
118 false or misleading, or which violates any rule of the  
119 board, or which claims without substantiation the positive  
120 cure of any disease, or professional superiority to or  
121 greater skill than that possessed by any other physical  
122 therapist or physical therapist assistant. An applicant or  
123 licensee shall also be in violation of this provision if the  
124 applicant or licensee has a financial interest in any  
125 organization, corporation, or association which issues or  
126 conducts such advertising;

127           (5) Any conduct or practice which is or might be  
128 harmful or dangerous to the mental or physical health of a  
129 patient or the public; or incompetency, gross negligence, or  
130 repeated negligence in the performance of the functions or  
131 duties of a physical therapist or physical therapist  
132 assistant. For the purposes of this subdivision, "repeated  
133 negligence" means the failure, on more than one occasion, to  
134 use that degree of skill and learning ordinarily used under  
135 the same or similar circumstances by the member of the  
136 applicant's or licensee's profession;

137           (6) Violation of, or attempting to violate, directly  
138 or indirectly, or assisting or enabling any person to  
139 violate, any provision of this chapter, or of any lawful  
140 rule adopted under this chapter;

141           (7) Impersonation of any person licensed as a physical  
142 therapist or physical therapist assistant or allowing any  
143 person to use his or her license or diploma from any school;

144           (8) Revocation, suspension, restriction, modification,  
145 limitation, reprimand, warning, censure, probation, or other  
146 final disciplinary action against a physical therapist or  
147 physical therapist assistant for a license or other right to  
148 practice as a physical therapist or physical therapist  
149 assistant by another state, territory, federal agency or  
150 country, whether or not voluntarily agreed to by the  
151 licensee or applicant, including but not limited to the  
152 denial of licensure, surrender of the license, allowing the  
153 license to expire or lapse, or discontinuing or limiting the  
154 practice of physical therapy while subject to an  
155 investigation or while actually under investigation by any  
156 licensing authority, medical facility, branch of the Armed  
157 Forces of the United States of America, insurance company,

158 court, agency of the state or federal government, or  
159 employer;

160 (9) A person is finally adjudged incapacitated or  
161 disabled by a court of competent jurisdiction;

162 (10) Assisting or enabling any person to practice or  
163 offer to practice who is not licensed and currently eligible  
164 to practice under this chapter; or knowingly performing any  
165 act which in any way aids, assists, procures, advises, or  
166 encourages any person to practice physical therapy who is  
167 not licensed and currently eligible to practice under this  
168 chapter;

169 (11) Issuance of a license to practice as a physical  
170 therapist or physical therapist assistant based upon a  
171 material mistake of fact;

172 (12) Failure to display a valid license pursuant to  
173 practice as a physical therapist or physical therapist  
174 assistant;

175 (13) Knowingly making, or causing to be made, or  
176 aiding, or abetting in the making of, a false statement in  
177 any document executed in connection with the practice of  
178 physical therapy;

179 (14) Soliciting patronage in person or by agents or  
180 representatives, or by any other means or manner, under the  
181 person's own name or under the name of another person or  
182 concern, actual or pretended, in such a manner as to  
183 confuse, deceive, or mislead the public as to the need or  
184 necessity for or appropriateness of physical therapy  
185 services for all patients, or the qualifications of an  
186 individual person or persons to render, or perform physical  
187 therapy services;

188 (15) Using, or permitting the use of, the person's  
189 name under the designation of "physical therapist",

190 "physiotherapist", "registered physical therapist", "P.T.",  
191 "Ph.T.", "P.T.T.", "D.P.T.", "M.P.T." or "R.P.T.", "physical  
192 therapist assistant", "P.T.A.", "L.P.T.A.", "C.P.T.A.", or  
193 any similar designation with reference to the commercial  
194 exploitation of any goods, wares or merchandise;

195 (16) Knowingly making or causing to be made a false  
196 statement or misrepresentation of a material fact, with  
197 intent to defraud, for payment under chapter 208 or chapter  
198 630 or for payment from Title XVIII or Title XIX of the  
199 Social Security Act;

200 (17) Failure or refusal to properly guard against  
201 contagious, infectious, or communicable diseases or the  
202 spread thereof; maintaining an unsanitary facility or  
203 performing professional services under unsanitary  
204 conditions; or failure to report the existence of an  
205 unsanitary condition in any physical therapy facility to the  
206 board, in writing, within thirty days after the discovery  
207 thereof;

208 (18) Any candidate for licensure or person licensed to  
209 practice as a physical therapist or physical therapist  
210 assistant paying or offering to pay a referral fee or[,  
211 notwithstanding section 334.010 to the contrary, practicing  
212 or offering to practice professional physical therapy  
213 independent of the prescription and direction of a person  
214 licensed and registered as a physician and surgeon under  
215 this chapter, as a physician assistant under this chapter,  
216 as a chiropractor under chapter 331, as a dentist under  
217 chapter 332, as a podiatrist under chapter 330, as an  
218 advanced practice registered nurse under chapter 335, or any  
219 licensed and registered physician, chiropractor, dentist,  
220 podiatrist, or advanced practice registered nurse practicing  
221 in another jurisdiction, whose license is in good standing]

222 **evaluating or treating a patient in a manner inconsistent**  
223 **with section 334.506;**

224 (19) Any candidate for licensure or person licensed to  
225 practice as a physical therapist or physical therapist  
226 assistant treating or attempting to treat ailments or other  
227 health conditions of human beings other than by professional  
228 physical therapy and as authorized by sections 334.500 to  
229 334.685;

230 (20) A pattern of personal use or consumption of any  
231 controlled substance unless it is prescribed, dispensed, or  
232 administered by a physician who is authorized by law to do  
233 so;

234 (21) Failing to maintain adequate patient records  
235 under section 334.602;

236 (22) Attempting to engage in conduct that subverts or  
237 undermines the integrity of the licensing examination or the  
238 licensing examination process, including but not limited to  
239 utilizing in any manner recalled or memorized licensing  
240 examination questions from or with any person or entity,  
241 failing to comply with all test center security procedures,  
242 communicating or attempting to communicate with any other  
243 examinees during the test, or copying or sharing licensing  
244 examination questions or portions of questions;

245 (23) Any candidate for licensure or person licensed to  
246 practice as a physical therapist or physical therapist  
247 assistant who requests, receives, participates or engages  
248 directly or indirectly in the division, transferring,  
249 assigning, rebating or refunding of fees received for  
250 professional services or profits by means of a credit or  
251 other valuable consideration such as wages, an unearned  
252 commission, discount or gratuity with any person who

253 referred a patient, or with any relative or business  
254 associate of the referring person;

255 (24) Being unable to practice as a physical therapist  
256 or physical therapist assistant with reasonable skill and  
257 safety to patients by reasons of incompetency, or because of  
258 illness, drunkenness, excessive use of drugs, narcotics,  
259 chemicals, or as a result of any mental or physical  
260 condition. The following shall apply to this subdivision:

261 (a) In enforcing this subdivision the board shall,  
262 after a hearing by the board, upon a finding of probable  
263 cause, require a physical therapist or physical therapist  
264 assistant to submit to a reexamination for the purpose of  
265 establishing his or her competency to practice as a physical  
266 therapist or physical therapist assistant conducted in  
267 accordance with rules adopted for this purpose by the board,  
268 including rules to allow the examination of the pattern and  
269 practice of such physical therapist's or physical therapist  
270 assistant's professional conduct, or to submit to a mental  
271 or physical examination or combination thereof by a facility  
272 or professional approved by the board;

273 (b) For the purpose of this subdivision, every  
274 physical therapist and physical therapist assistant licensed  
275 under this chapter is deemed to have consented to submit to  
276 a mental or physical examination when directed in writing by  
277 the board;

278 (c) In addition to ordering a physical or mental  
279 examination to determine competency, the board may,  
280 notwithstanding any other law limiting access to medical or  
281 other health data, obtain medical data and health records  
282 relating to a physical therapist, physical therapist  
283 assistant or applicant without the physical therapist's,  
284 physical therapist assistant's or applicant's consent;

285           (d) Written notice of the reexamination or the  
286 physical or mental examination shall be sent to the physical  
287 therapist or physical therapist assistant, by registered  
288 mail, addressed to the physical therapist or physical  
289 therapist assistant at the physical therapist's or physical  
290 therapist assistant's last known address. Failure of a  
291 physical therapist or physical therapist assistant to submit  
292 to the examination when directed shall constitute an  
293 admission of the allegations against the physical therapist  
294 or physical therapist assistant, in which case the board may  
295 enter a final order without the presentation of evidence,  
296 unless the failure was due to circumstances beyond the  
297 physical therapist's or physical therapist assistant's  
298 control. A physical therapist or physical therapist  
299 assistant whose right to practice has been affected under  
300 this subdivision shall, at reasonable intervals, be afforded  
301 an opportunity to demonstrate that the physical therapist or  
302 physical therapist assistant can resume the competent  
303 practice as a physical therapist or physical therapist  
304 assistant with reasonable skill and safety to patients;

305           (e) In any proceeding under this subdivision neither  
306 the record of proceedings nor the orders entered by the  
307 board shall be used against a physical therapist or physical  
308 therapist assistant in any other proceeding. Proceedings  
309 under this subdivision shall be conducted by the board  
310 without the filing of a complaint with the administrative  
311 hearing commission;

312           (f) When the board finds any person unqualified  
313 because of any of the grounds set forth in this subdivision,  
314 it may enter an order imposing one or more of the  
315 disciplinary measures set forth in subsection 3 of this  
316 section.

317           3. After the filing of such complaint before the  
318 administrative hearing commission, the proceedings shall be  
319 conducted in accordance with the provisions of chapter 621.  
320 Upon a finding by the administrative hearing commission that  
321 the grounds provided in subsection 2 of this section for  
322 disciplinary action are met, the board may, singly or in  
323 combination:

324           (1) Warn, censure or place the physical therapist or  
325 physical therapist assistant named in the complaint on  
326 probation on such terms and conditions as the board deems  
327 appropriate for a period not to exceed ten years;

328           (2) Suspend the physical therapist's or physical  
329 therapist assistant's license for a period not to exceed  
330 three years;

331           (3) Restrict or limit the physical therapist's or  
332 physical therapist assistant's license for an indefinite  
333 period of time;

334           (4) Revoke the physical therapist's or physical  
335 therapist assistant's license;

336           (5) Administer a public or private reprimand;

337           (6) Deny the physical therapist's or physical  
338 therapist assistant's application for a license;

339           (7) Permanently withhold issuance of a license;

340           (8) Require the physical therapist or physical  
341 therapist assistant to submit to the care, counseling or  
342 treatment of physicians designated by the board at the  
343 expense of the physical therapist or physical therapist  
344 assistant to be examined;

345           (9) Require the physical therapist or physical  
346 therapist assistant to attend such continuing educational  
347 courses and pass such examinations as the board may direct.

348           4. In any order of revocation, the board may provide  
349 that the physical therapist or physical therapist assistant  
350 shall not apply for reinstatement of the physical  
351 therapist's or physical therapist assistant's license for a  
352 period of time ranging from two to seven years following the  
353 date of the order of revocation. All stay orders shall toll  
354 this time period.

355           5. Before restoring to good standing a license issued  
356 under this chapter which has been in a revoked, suspended,  
357 or inactive state for any cause for more than two years, the  
358 board may require the applicant to attend such continuing  
359 medical education courses and pass such examinations as the  
360 board may direct.

361           6. In any investigation, hearing or other proceeding  
362 to determine a physical therapist's, physical therapist  
363 assistant's or applicant's fitness to practice, any record  
364 relating to any patient of the physical therapist, physical  
365 therapist assistant, or applicant shall be discoverable by  
366 the board and admissible into evidence, regardless of any  
367 statutory or common law privilege which such physical  
368 therapist, physical therapist assistant, applicant, record  
369 custodian, or patient might otherwise invoke. In addition,  
370 no such physical therapist, physical therapist assistant,  
371 applicant, or record custodian may withhold records or  
372 testimony bearing upon a physical therapist's, physical  
373 therapist assistant's, or applicant's fitness to practice on  
374 the grounds of privilege between such physical therapist,  
375 physical therapist assistant, applicant, or record custodian  
376 and a patient.

334.735. 1. As used in sections 334.735 to 334.749,  
2 the following terms mean:

3           (1) "Applicant", any individual who seeks to become  
4 licensed as a physician assistant;

5           (2) "Certification" or "registration", a process by a  
6 certifying entity that grants recognition to applicants  
7 meeting predetermined qualifications specified by such  
8 certifying entity;

9           (3) "Certifying entity", the nongovernmental agency or  
10 association which certifies or registers individuals who  
11 have completed academic and training requirements;

12           (4) "Collaborative practice arrangement", written  
13 agreements, jointly agreed upon protocols, or standing  
14 orders, all of which shall be in writing, for the delivery  
15 of health care services;

16           (5) "Department", the department of commerce and  
17 insurance or a designated agency thereof;

18           (6) "License", a document issued to an applicant by  
19 the board acknowledging that the applicant is entitled to  
20 practice as a physician assistant;

21           (7) "Physician assistant", a person who has graduated  
22 from a physician assistant program accredited by the  
23 Accreditation Review Commission on Education for the  
24 Physician Assistant or its successor agency, prior to 2001,  
25 or the Committee on Allied Health Education and  
26 Accreditation or the Commission on Accreditation of Allied  
27 Health Education Programs, who has passed the certifying  
28 examination administered by the National Commission on  
29 Certification of Physician Assistants and has active  
30 certification by the National Commission on Certification of  
31 Physician Assistants who provides health care services  
32 delegated by a licensed physician. A person who has been  
33 employed as a physician assistant for three years prior to  
34 August 28, 1989, who has passed the National Commission on

35 Certification of Physician Assistants examination, and has  
36 active certification of the National Commission on  
37 Certification of Physician Assistants;

38 (8) "Recognition", the formal process of becoming a  
39 certifying entity as required by the provisions of sections  
40 334.735 to 334.749.

41 2. The scope of practice of a physician assistant  
42 shall consist only of the following services and procedures:

43 (1) Taking patient histories;

44 (2) Performing physical examinations of a patient;

45 (3) Performing or assisting in the performance of  
46 routine office laboratory and patient screening procedures;

47 (4) Performing routine therapeutic procedures;

48 (5) Recording diagnostic impressions and evaluating  
49 situations calling for attention of a physician to institute  
50 treatment procedures;

51 (6) Instructing and counseling patients regarding  
52 mental and physical health using procedures reviewed and  
53 approved by a collaborating physician;

54 (7) Assisting the supervising physician in  
55 institutional settings, including reviewing of treatment  
56 plans, ordering of tests and diagnostic laboratory and  
57 radiological services, and ordering of therapies, using  
58 procedures reviewed and approved by a licensed physician;

59 (8) Assisting in surgery; and

60 (9) Performing such other tasks not prohibited by law  
61 under the collaborative practice arrangement with a licensed  
62 physician as the physician assistant has been trained and is  
63 proficient to perform.

64 3. Physician assistants shall not perform or prescribe  
65 abortions.

66           4. Physician assistants shall not prescribe any drug,  
67 medicine, device or therapy unless pursuant to a  
68 collaborative practice arrangement in accordance with the  
69 law, nor prescribe lenses, prisms or contact lenses for the  
70 aid, relief or correction of vision or the measurement of  
71 visual power or visual efficiency of the human eye, nor  
72 administer or monitor general or regional block anesthesia  
73 during diagnostic tests, surgery or obstetric procedures.  
74 Prescribing of drugs, medications, devices or therapies by a  
75 physician assistant shall be pursuant to a collaborative  
76 practice arrangement which is specific to the clinical  
77 conditions treated by the supervising physician and the  
78 physician assistant shall be subject to the following:

79           (1) A physician assistant shall only prescribe  
80 controlled substances in accordance with section 334.747;

81           (2) The types of drugs, medications, devices or  
82 therapies prescribed by a physician assistant shall be  
83 consistent with the scopes of practice of the physician  
84 assistant and the collaborating physician;

85           (3) All prescriptions shall conform with state and  
86 federal laws and regulations and shall include the name,  
87 address and telephone number of the physician assistant [and  
88 the supervising physician];

89           (4) A physician assistant, or advanced practice  
90 registered nurse as defined in section 335.016 may request,  
91 receive and sign for noncontrolled professional samples and  
92 may distribute professional samples to patients; and

93           (5) A physician assistant shall not prescribe any  
94 drugs, medicines, devices or therapies the collaborating  
95 physician is not qualified or authorized to prescribe.

96           5. A physician assistant shall clearly identify  
97 himself or herself as a physician assistant and shall not

98 use or permit to be used in the physician assistant's behalf  
99 the terms "doctor", "Dr." or "doc" nor hold himself or  
100 herself out in any way to be a physician or surgeon. No  
101 physician assistant shall practice or attempt to practice  
102 without physician collaboration or in any location where the  
103 collaborating physician is not immediately available for  
104 consultation, assistance and intervention, except as  
105 otherwise provided in this section, and in an emergency  
106 situation, nor shall any physician assistant bill a patient  
107 independently or directly for any services or procedure by  
108 the physician assistant; except that, nothing in this  
109 subsection shall be construed to prohibit a physician  
110 assistant from enrolling with a third-party plan or the  
111 department of social services as a MO HealthNet or Medicaid  
112 provider while acting under a collaborative practice  
113 arrangement between the physician and physician assistant.

114 6. The licensing of physician assistants shall take  
115 place within processes established by the state board of  
116 registration for the healing arts through rule and  
117 regulation. The board of healing arts is authorized to  
118 establish rules pursuant to chapter 536 establishing  
119 licensing and renewal procedures, collaboration,  
120 collaborative practice arrangements, fees, and addressing  
121 such other matters as are necessary to protect the public  
122 and discipline the profession. An application for licensing  
123 may be denied or the license of a physician assistant may be  
124 suspended or revoked by the board in the same manner and for  
125 violation of the standards as set forth by section 334.100,  
126 or such other standards of conduct set by the board by rule  
127 or regulation. Persons licensed pursuant to the provisions  
128 of chapter 335 shall not be required to be licensed as  
129 physician assistants. All applicants for physician

130 assistant licensure who complete a physician assistant  
131 training program after January 1, 2008, shall have a  
132 master's degree from a physician assistant program.

133 7. At all times the physician is responsible for the  
134 oversight of the activities of, and accepts responsibility  
135 for, health care services rendered by the physician  
136 assistant.

137 8. **(1)** A physician may enter into collaborative  
138 practice arrangements with physician assistants.  
139 Collaborative practice arrangements, which shall be in  
140 writing, may delegate to a physician assistant the authority  
141 to prescribe, administer, or dispense drugs and provide  
142 treatment which is within the skill, training, and  
143 competence of the physician assistant. Collaborative  
144 practice arrangements may delegate to a physician assistant,  
145 as defined in section 334.735, the authority to administer,  
146 dispense, or prescribe controlled substances listed in  
147 Schedules III, IV, and V of section 195.017, and Schedule  
148 II - hydrocodone. Schedule III narcotic controlled  
149 substances and Schedule II - hydrocodone prescriptions shall  
150 be limited to a one hundred twenty-hour supply without  
151 refill. Such collaborative practice arrangements shall be  
152 in the form of a written arrangement, jointly agreed-upon  
153 protocols, or standing orders for the delivery of health  
154 care services.

155 **(2) Notwithstanding any other provision of this**  
156 **section to the contrary, a collaborative practice**  
157 **arrangement may delegate to a physician assistant the**  
158 **authority to administer, dispense, or prescribe Schedule II**  
159 **controlled substances for hospice patients; provided, that**  
160 **the physician assistant is employed by a hospice provider**  
161 **certified pursuant to chapter 197 and the physician**

162 **assistant is providing care to hospice patients pursuant to**  
163 **a collaborative practice arrangement that designates the**  
164 **certified hospice as a location where the physician**  
165 **assistant is authorized to practice and prescribe.**

166 9. The written collaborative practice arrangement  
167 shall contain at least the following provisions:

168 (1) Complete names, home and business addresses, zip  
169 codes, and telephone numbers of the collaborating physician  
170 and the physician assistant;

171 (2) A list of all other offices or locations, other  
172 than those listed in subdivision (1) of this subsection,  
173 where the collaborating physician has authorized the  
174 physician assistant to prescribe;

175 (3) A requirement that there shall be posted at every  
176 office where the physician assistant is authorized to  
177 prescribe, in collaboration with a physician, a prominently  
178 displayed disclosure statement informing patients that they  
179 may be seen by a physician assistant and have the right to  
180 see the collaborating physician;

181 (4) All specialty or board certifications of the  
182 collaborating physician and all certifications of the  
183 physician assistant;

184 (5) The manner of collaboration between the  
185 collaborating physician and the physician assistant,  
186 including how the collaborating physician and the physician  
187 assistant will:

188 (a) Engage in collaborative practice consistent with  
189 each professional's skill, training, education, and  
190 competence;

191 (b) Maintain geographic proximity, as determined by  
192 the board of registration for the healing arts; and

193 (c) Provide coverage during absence, incapacity,  
194 infirmity, or emergency of the collaborating physician;

195 (6) A list of all other written collaborative practice  
196 arrangements of the collaborating physician and the  
197 physician assistant;

198 (7) The duration of the written practice arrangement  
199 between the collaborating physician and the physician  
200 assistant;

201 (8) A description of the time and manner of the  
202 collaborating physician's review of the physician  
203 assistant's delivery of health care services. The  
204 description shall include provisions that the physician  
205 assistant shall submit a minimum of ten percent of the  
206 charts documenting the physician assistant's delivery of  
207 health care services to the collaborating physician for  
208 review by the collaborating physician, or any other  
209 physician designated in the collaborative practice  
210 arrangement, every fourteen days. Reviews may be conducted  
211 electronically;

212 (9) The collaborating physician, or any other  
213 physician designated in the collaborative practice  
214 arrangement, shall review every fourteen days a minimum of  
215 twenty percent of the charts in which the physician  
216 assistant prescribes controlled substances. The charts  
217 reviewed under this subdivision may be counted in the number  
218 of charts required to be reviewed under subdivision (8) of  
219 this subsection; **[and]**

220 (10) A statement that no collaboration requirements in  
221 addition to the federal law shall be required for a  
222 physician-physician assistant team working in a certified  
223 community behavioral health clinic as defined by Pub.L. 113-  
224 93, or a rural health clinic under the federal Rural Health

225 Services Act, Pub.L. 95-210, as amended, or a federally  
226 qualified health center as defined in 42 U.S.C. Section  
227 [1395 of the Public Health Service Act] 1395x, as amended;  
228 and

229       (11) If a collaborative practice arrangement is used  
230 in clinical situations where a collaborating physician  
231 assistant provides health care services that include the  
232 diagnosis and initiation of treatment for acutely or  
233 chronically ill or injured persons, then the collaborating  
234 physician or any other physician designated in the  
235 collaborative practice arrangement shall be present for  
236 sufficient periods of time, at least once every two weeks,  
237 except in extraordinary circumstances that shall be  
238 documented, to participate in a chart review and to provide  
239 necessary medical direction, medical services,  
240 consultations, and supervision of the health care staff.

241       10. The state board of registration for the healing  
242 arts under section 334.125 may promulgate rules regulating  
243 the use of collaborative practice arrangements.

244       11. The state board of registration for the healing  
245 arts shall not deny, revoke, suspend, or otherwise take  
246 disciplinary action against a collaborating physician for  
247 health care services delegated to a physician assistant,  
248 provided that the provisions of this section and the rules  
249 promulgated thereunder are satisfied.

250       12. Within thirty days of any change and on each  
251 renewal, the state board of registration for the healing  
252 arts shall require every physician to identify whether the  
253 physician is engaged in any collaborative practice  
254 arrangement, including collaborative practice arrangements  
255 delegating the authority to prescribe controlled substances,  
256 and also report to the board the name of each physician

257 assistant with whom the physician has entered into such  
258 arrangement. The board may make such information available  
259 to the public. The board shall track the reported  
260 information and may routinely conduct random reviews of such  
261 arrangements to ensure that the arrangements are carried out  
262 in compliance with this chapter.

263 13. The collaborating physician shall determine and  
264 document the completion of a period of time during which the  
265 physician assistant shall practice with the collaborating  
266 physician continuously present before practicing in a  
267 setting where the collaborating physician is not  
268 continuously present. This limitation shall not apply to  
269 collaborative arrangements of providers of population-based  
270 public health services as defined by 20 CSR 2150-5.100 as of  
271 April 30, 2009.

272 14. No contract or other arrangement shall require a  
273 physician to act as a collaborating physician for a  
274 physician assistant against the physician's will. A  
275 physician shall have the right to refuse to act as a  
276 supervising physician, without penalty, for a particular  
277 physician assistant. No contract or other agreement shall  
278 limit the collaborating physician's ultimate authority over  
279 any protocols or standing orders or in the delegation of the  
280 physician's authority to any physician assistant. No  
281 contract or other arrangement shall require any physician  
282 assistant to collaborate with any physician against the  
283 physician assistant's will. A physician assistant shall  
284 have the right to refuse to collaborate, without penalty,  
285 with a particular physician.

286 15. Physician assistants shall file with the board a  
287 copy of their collaborating physician form.

288           16. No physician shall be designated to serve as a  
289 collaborating physician for more than six full-time  
290 equivalent licensed physician assistants, full-time  
291 equivalent advanced practice registered nurses, or full-time  
292 equivalent assistant physicians, or any combination  
293 thereof. This limitation shall not apply to physician  
294 assistant collaborative practice arrangements of hospital  
295 employees providing inpatient care service in hospitals as  
296 defined in chapter 197, or to a certified registered nurse  
297 anesthetist providing anesthesia services under the  
298 supervision of an anesthesiologist or other physician,  
299 dentist, or podiatrist who is immediately available if  
300 needed as set out in subsection 7 of section 334.104.

301           17. No arrangement made under this section shall  
302 supercede current hospital licensing regulations governing  
303 hospital medication orders under protocols or standing  
304 orders for the purpose of delivering inpatient or emergency  
305 care within a hospital, as defined in section 197.020, if  
306 such protocols or standing orders have been approved by the  
307 hospital's medical staff and pharmaceutical therapeutics  
308 committee.

          334.747. 1. **(1)** A physician assistant with a  
2 certificate of controlled substance prescriptive authority  
3 as provided in this section may prescribe any controlled  
4 substance listed in Schedule III, IV, or V of section  
5 195.017, and may have restricted authority in Schedule II,  
6 when delegated the authority to prescribe controlled  
7 substances in a collaborative practice arrangement. Such  
8 authority shall be listed on the collaborating physician  
9 form on file with the state board of healing arts. The  
10 collaborating physician shall maintain the right to limit a  
11 specific scheduled drug or scheduled drug category that the

12 physician assistant is permitted to prescribe. Any  
13 limitations shall be listed on the collaborating physician  
14 form. Prescriptions for Schedule II medications prescribed  
15 by a physician assistant with authority to prescribe  
16 delegated in a collaborative practice arrangement are  
17 restricted to only those medications containing  
18 hydrocodone. Physician assistants shall not prescribe  
19 controlled substances for themselves or members of their  
20 families. Schedule III **narcotic** controlled substances and  
21 Schedule II - hydrocodone prescriptions shall be limited to  
22 a five-day supply without refill, except that buprenorphine  
23 may be prescribed for up to a thirty-day supply without  
24 refill for patients receiving medication-assisted treatment  
25 for substance use disorders under the direction of the  
26 collaborating physician. Physician assistants who are  
27 authorized to prescribe controlled substances under this  
28 section shall register with the federal Drug Enforcement  
29 Administration and the state bureau of narcotics and  
30 dangerous drugs, and shall include the Drug Enforcement  
31 Administration registration number on prescriptions for  
32 controlled substances.

33 **(2) Notwithstanding any other provision of this**  
34 **section to the contrary, a collaborative practice**  
35 **arrangement may delegate to a physician assistant the**  
36 **authority to administer, dispense, or prescribe Schedule II**  
37 **controlled substances for hospice patients; provided, that**  
38 **the physician assistant is employed by a hospice provider**  
39 **certified pursuant to chapter 197 and the physician**  
40 **assistant is providing care to hospice patients pursuant to**  
41 **a collaborative practice arrangement that designates the**  
42 **certified hospice as a location where the physician**  
43 **assistant is authorized to practice and prescribe.**

44           2. The collaborating physician shall be responsible to  
45 determine and document the completion of at least one  
46 hundred twenty hours in a four-month period by the physician  
47 assistant during which the physician assistant shall  
48 practice with the collaborating physician on-site prior to  
49 prescribing controlled substances when the collaborating  
50 physician is not on-site. Such limitation shall not apply  
51 to physician assistants of population-based public health  
52 services as defined in 20 CSR 2150-5.100 as of April 30,  
53 2009.

54           3. A physician assistant shall receive a certificate  
55 of controlled substance prescriptive authority from the  
56 board of healing arts upon verification of the completion of  
57 the following educational requirements:

58           (1) Successful completion of an advanced pharmacology  
59 course that includes clinical training in the prescription  
60 of drugs, medicines, and therapeutic devices. A course or  
61 courses with advanced pharmacological content in a physician  
62 assistant program accredited by the Accreditation Review  
63 Commission on Education for the Physician Assistant (ARC-PA)  
64 or its predecessor agency shall satisfy such requirement;

65           (2) Completion of a minimum of three hundred clock  
66 hours of clinical training by the collaborating physician in  
67 the prescription of drugs, medicines, and therapeutic  
68 devices;

69           (3) Completion of a minimum of one year of supervised  
70 clinical practice or supervised clinical rotations. One  
71 year of clinical rotations in a program accredited by the  
72 Accreditation Review Commission on Education for the  
73 Physician Assistant (ARC-PA) or its predecessor agency,  
74 which includes pharmacotherapeutics as a component of its  
75 clinical training, shall satisfy such requirement. Proof of

76 such training shall serve to document experience in the  
77 prescribing of drugs, medicines, and therapeutic devices;

78 (4) A physician assistant previously licensed in a  
79 jurisdiction where physician assistants are authorized to  
80 prescribe controlled substances may obtain a state bureau of  
81 narcotics and dangerous drugs registration if a  
82 collaborating physician can attest that the physician  
83 assistant has met the requirements of subdivisions (1) to  
84 (3) of this subsection and provides documentation of  
85 existing federal Drug Enforcement Agency registration.

**334.1600. Sections 334.1600 to 334.1720 shall be known  
2 and may be cited as the "Interstate Medical Licensure  
3 Compact".**

**334.1605. In order to strengthen access to health  
2 care, and in recognition of the advances in the delivery of  
3 health care, the member states of the Interstate Medical  
4 Licensure Compact have allied in common purpose to develop a  
5 comprehensive process that complements the existing  
6 licensing and regulatory authority of state medical boards,  
7 provides a streamlined process that allows physicians to  
8 become licensed in multiple states, thereby enhancing the  
9 portability of a medical license and ensuring the safety of  
10 patients. The Compact creates another pathway for licensure  
11 and does not otherwise change a state's existing Medical  
12 Practice Act. The Compact also adopts the prevailing  
13 standard for licensure and affirms that the practice of  
14 medicine occurs where the patient is located at the time of  
15 the physician-patient encounter, and therefore, requires the  
16 physician to be under the jurisdiction of the state medical  
17 board where the patient is located. State medical boards  
18 that participate in the Compact retain the jurisdiction to  
19 impose an adverse action against a license to practice**

20 medicine in that state issued to a physician through the  
21 procedures in the Compact.

334.1610. In this compact:

2 (1) "Bylaws" means those bylaws established by the  
3 Interstate Commission pursuant to section 334.1655.

4 (2) "Commissioner" means the voting representative  
5 appointed by each member board pursuant to section 334.1655.

6 (3) "Conviction" means a finding by a court that an  
7 individual is guilty of a criminal offense through  
8 adjudication, or entry of a plea of guilt or no contest to  
9 the charge by the offender. Evidence of an entry of a  
10 conviction of a criminal offense by the court shall be  
11 considered final for purposes of disciplinary action by a  
12 member board.

13 (4) "Expedited License" means a full and unrestricted  
14 medical license granted by a member state to an eligible  
15 physician through the process set forth in the Compact.

16 (5) "Interstate Commission" means the interstate  
17 commission created pursuant to section 334.1655.

18 (6) "License" means authorization by a member state  
19 for a physician to engage in the practice of medicine, which  
20 would be unlawful without authorization.

21 (7) "Medical Practice Act" means laws and regulations  
22 governing the practice of allopathic and osteopathic  
23 medicine within a member state.

24 (8) "Member Board" means a state agency in a member  
25 state that acts in the sovereign interests of the state by  
26 protecting the public through licensure, regulation, and  
27 education of physicians as directed by the state government.

28 (9) "Member State" means a state that has enacted the  
29 Compact.

30           (10) "Practice of Medicine" means that clinical  
31 prevention, diagnosis, or treatment of human disease,  
32 injury, or condition requiring a physician to obtain and  
33 maintain a license in compliance with the Medical Practice  
34 Act of a member state.

35           (11) "Physician" means any person who:

36           (a) Is a graduate of a medical school accredited by  
37 the Liaison Committee on Medical Education, the Commission  
38 on Osteopathic College Accreditation, or a medical school  
39 listed in the International Medical Education Directory or  
40 its equivalent;

41           (b) Passed each component of the United States Medical  
42 Licensing Examination (USMLE) or the Comprehensive  
43 Osteopathic Medical Licensing Examination (COMLEX-USA)  
44 within three attempts, or any of its predecessor  
45 examinations accepted by a state medical board as an  
46 equivalent examination for licensure purposes;

47           (c) Successfully completed graduate medical education  
48 approved by the Accreditation Council for Graduate Medical  
49 Education or the American Osteopathic Association;

50           (d) Holds specialty certification or a time-unlimited  
51 specialty certificate recognized by the American Board of  
52 Medical Specialties or the American Osteopathic  
53 Association's Bureau of Osteopathic Specialists;

54           (e) Possesses a full and unrestricted license to  
55 engage in the practice of medicine issued by a member board;

56           (f) Has never been convicted, received adjudication,  
57 deferred adjudication, community supervision, or deferred  
58 disposition for any offense by a court of appropriate  
59 jurisdiction;

60           (g) Has never held a license authorizing the practice  
61 of medicine subjected to discipline by a licensing agency in

62 any state, federal, or foreign jurisdiction, excluding any  
63 action related to non-payment of fees related to a license;

64 (h) Has never had a controlled substance license or  
65 permit suspended or revoked by a state or the United States  
66 Drug Enforcement Administration; and

67 (i) Is not under active investigation by a licensing  
68 agency or law enforcement authority in any state, federal,  
69 or foreign jurisdiction.

70 (12) "Offense" means a felony, gross misdemeanor, or  
71 crime of moral turpitude.

72 (13) "Rule" means a written statement by the  
73 Interstate Commission promulgated pursuant to section  
74 334.1660 of the Compact that is of general applicability,  
75 implements, interprets, or prescribes a policy or provision  
76 of the Compact, or an organizational, procedural, or  
77 practice requirement of the Interstate Commission, and has  
78 the force and effect of statutory law in a member state, and  
79 includes the amendment, repeal, or suspension of an existing  
80 rule.

81 (14) "State" means any state, commonwealth, district,  
82 or territory of the United States.

83 (15) "State of Principal License" means a member state  
84 where a physician holds a license to practice medicine and  
85 which has been designated as such by the physician for  
86 purposes of registration and participation in the Compact.

334.1615. 1. A physician must meet the eligibility  
2 requirements as defined in subdivision (11) of section  
3 334.1610 to receive an expedited license under the terms and  
4 provisions of the Compact.

5 2. A physician who does not meet the requirements of  
6 subdivision (11) of section 334.1610 may obtain a license to  
7 practice medicine in a member state if the individual

8 complies with all laws and requirements, other than the  
9 Compact, relating to the issuance of a license to practice  
10 medicine in that state.

334.1620. 1. A physician shall designate a member  
2 state as the state of principal license for purposes of  
3 registration for expedited licensure through the Compact if  
4 the physician possesses a full and unrestricted license to  
5 practice medicine in that state, and the state is:

6 (1) The state of principal residence for the  
7 physician, or

8 (2) The state where at least 25% of the practice of  
9 medicine occurs, or

10 (3) The location of the physician's employer, or

11 (4) If no state qualifies under subdivision (1), (2),  
12 or (3) of this subsection, the state designated as state of  
13 residence for purpose of federal income tax.

14 2. A physician may redesignate a member state as state  
15 of principal license at any time, as long as the state meets  
16 the requirements of subsection 1 of this section.

17 3. The Interstate Commission is authorized to develop  
18 rules to facilitate redesignation of another member state as  
19 the state of principal license.

334.1625. 1. A physician seeking licensure through  
2 the Compact shall file an application for an expedited  
3 license with the member board of the state selected by the  
4 physician as the state of principal license.

5 2. Upon receipt of an application for an expedited  
6 license, the member board within the state selected as the  
7 state of principal license shall evaluate whether the  
8 physician is eligible for expedited licensure and issue a  
9 letter of qualification, verifying or denying the  
10 physician's eligibility, to the Interstate Commission.

11           (1) Static qualifications, which include verification  
12 of medical education, graduate medical education, results of  
13 any medical or licensing examination, and other  
14 qualifications as determined by the Interstate Commission  
15 through rule, shall not be subject to additional primary  
16 source verification where already primary source verified by  
17 the state of principal license.

18           (2) The member board within the state selected as the  
19 state of principal license shall, in the course of verifying  
20 eligibility, perform a criminal background check of an  
21 applicant, including the use of the results of fingerprint  
22 or other biometric data checks compliant with the  
23 requirements of the Federal Bureau of Investigation, with  
24 the exception of federal employees who have suitability  
25 determination in accordance with 5 C.F.R. §731.202.

26           (3) Appeal on the determination of eligibility shall  
27 be made to the member state where the application was filed  
28 and shall be subject to the law of that state.

29           3. Upon verification in subsection 2 of this section,  
30 physicians eligible for an expedited license shall complete  
31 the registration process established by the Interstate  
32 Commission to receive a license in a member state selected  
33 pursuant to subsection 1 of this section, including the  
34 payment of any applicable fees.

35           4. After receiving verification of eligibility under  
36 subsection 2 of this section and any fees under subsection 3  
37 of this section, a member board shall issue an expedited  
38 license to the physician. This license shall authorize the  
39 physician to practice medicine in the issuing state  
40 consistent with the Medical Practice Act and all applicable  
41 laws and regulations of the issuing member board and member  
42 state.

43           5. An expedited license shall be valid for a period  
44 consistent with the licensure period in the member state and  
45 in the same manner as required for other physicians holding  
46 a full and unrestricted license within the member state.

47           6. An expedited license obtained through the Compact  
48 shall be terminated if a physician fails to maintain a  
49 license in the state of principal licensure for a non-  
50 disciplinary reason, without redesignation of a new state of  
51 principal licensure.

52           7. The Interstate Commission is authorized to develop  
53 rules regarding the application process, including payment  
54 of any applicable fees, and the issuance of an expedited  
55 license.

          334.1630. 1. A member state issuing an expedited  
2 license authorizing the practice of medicine in that state  
3 may impose a fee for a license issued or renewed through the  
4 Compact.

5           2. The Interstate Commission is authorized to develop  
6 rules regarding fees for expedited licenses.

          334.1635. 1. A physician seeking to renew an  
2 expedited license granted in a member state shall complete a  
3 renewal process with the Interstate Commission if the  
4 physician:

5           (1) Maintains a full and unrestricted license in a  
6 state of principal license;

7           (2) Has not been convicted, received adjudication,  
8 deferred adjudication, community supervision, or deferred  
9 disposition for any offense by a court of appropriate  
10 jurisdiction;

11           (3) Has not had a license authorizing the practice of  
12 medicine subject to discipline by a licensing agency in any  
13 state, federal, or foreign jurisdiction, excluding any

14 action related to non-payment of fees related to a license;  
15 and

16 (4) Has not had a controlled substance license or  
17 permit suspended or revoked by a state or the United States  
18 Drug Enforcement Administration.

19 2. Physicians shall comply with all continuing  
20 professional development or continuing medical education  
21 requirements for renewal of a license issued by a member  
22 state.

23 3. The Interstate Commission shall collect any renewal  
24 fees charged for the renewal of a license and distribute the  
25 fees to the applicable member board.

26 4. Upon receipt of any renewal fees collected in  
27 subsection 3 of this section, a member board shall renew the  
28 physician's license.

29 5. Physician information collected by the Interstate  
30 Commission during the renewal process will be distributed to  
31 all member boards.

32 6. The Interstate Commission is authorized to develop  
33 rules to address renewal of licenses obtained through the  
34 Compact.

334.1640. 1. The Interstate Commission shall  
2 establish a database of all physicians licensed, or who have  
3 applied for licensure, under section 334.1625.

4 2. Notwithstanding any other provision of law, member  
5 boards shall report to the Interstate Commission any public  
6 action or complaints against a licensed physician who has  
7 applied or received an expedited license through the Compact.

8 3. Member boards shall report disciplinary or  
9 investigatory information determined as necessary and proper  
10 by rule of the Interstate Commission.

11           4. Member boards may report any non-public complaint,  
12 disciplinary, or investigatory information not required by  
13 subsection 3 of this section to the Interstate Commission.

14           5. Member boards shall share complaint or disciplinary  
15 information about a physician upon request of another member  
16 board.

17           6. All information provided to the Interstate  
18 Commission or distributed by member boards shall be  
19 confidential, filed under seal, and used only for  
20 investigatory or disciplinary matters.

21           7. The Interstate Commission is authorized to develop  
22 rules for mandated or discretionary sharing of information  
23 by member boards.

          334.1645. 1. Licensure and disciplinary records of  
2 physicians are deemed investigative.

3           2. In addition to the authority granted to a member  
4 board by its respective Medical Practice Act or other  
5 applicable state law, a member board may participate with  
6 other member boards in joint investigations of physicians  
7 licensed by the member boards.

8           3. A subpoena issued by a member state shall be  
9 enforceable in other member states.

10           4. Member boards may share any investigative,  
11 litigation, or compliance materials in furtherance of any  
12 joint or individual investigation initiated under the  
13 Compact.

14           5. Any member state may investigate actual or alleged  
15 violations of the statutes authorizing the practice of  
16 medicine in any other member state in which a physician  
17 holds a license to practice medicine.

          334.1650. 1. Any disciplinary action taken by any  
2 member board against a physician licensed through the

3 Compact shall be deemed unprofessional conduct which may be  
4 subject to discipline by other member boards, in addition to  
5 any violation of the Medical Practice Act or regulations in  
6 that state.

7 2. If a license granted to a physician by the member  
8 board in the state of principal license is revoked,  
9 surrendered or relinquished in lieu of discipline, or  
10 suspended, then all licenses issued to the physician by  
11 member boards shall automatically be placed, without further  
12 action necessary by any member board, on the same status.  
13 If the member board in the state of principal license  
14 subsequently reinstates the physician's license, a license  
15 issued to the physician by any other member board shall  
16 remain encumbered until that respective member board takes  
17 action to reinstate the license in a manner consistent with  
18 the Medical Practice Act of that state.

19 3. If disciplinary action is taken against a physician  
20 by a member board not in the state of principal license, any  
21 other member board may deem the action conclusive as to  
22 matter of law and fact decided, and:

23 (1) Impose the same or lesser sanction(s) against the  
24 physician so long as such sanctions are consistent with the  
25 Medical Practice Act of that state; or

26 (2) Pursue separate disciplinary action against the  
27 physician under its respective Medical Practice Act,  
28 regardless of the action taken in other member states.

29 4. If a license granted to a physician by a member  
30 board is revoked, surrendered or relinquished in lieu of  
31 discipline, or suspended, then any license(s) issued to the  
32 physician by any other member board(s) shall be suspended,  
33 automatically and immediately without further action  
34 necessary by the other member board(s), for ninety (90) days

35 upon entry of the order by the disciplining board, to permit  
36 the member board(s) to investigate the basis for the action  
37 under the Medical Practice Act of that state. A member  
38 board may terminate the automatic suspension of the license  
39 it issued prior to the completion of the ninety (90) day  
40 suspension period in a manner consistent with the Medical  
41 Practice Act of that state.

334.1655. 1. The member states hereby create the  
2 "Interstate Medical Licensure Compact Commission".

3 2. The purpose of the Interstate Commission is the  
4 administration of the Interstate Medical Licensure Compact,  
5 which is a discretionary state function.

6 3. The Interstate Commission shall be a body corporate  
7 and joint agency of the member states and shall have all the  
8 responsibilities, powers, and duties set forth in the  
9 Compact, and such additional powers as may be conferred upon  
10 it by a subsequent concurrent action of the respective  
11 legislatures of the member states in accordance with the  
12 terms of the Compact.

13 4. The Interstate Commission shall consist of two  
14 voting representatives appointed by each member state who  
15 shall serve as Commissioners. In states where allopathic  
16 and osteopathic physicians are regulated by separate member  
17 boards, or if the licensing and disciplinary authority is  
18 split between separate member boards, or if the licensing  
19 and disciplinary authority is split between multiple member  
20 boards within a member state, the member state shall appoint  
21 one representative from each member board. A Commissioner  
22 shall be a(n):

23 (1) Allopathic or osteopathic physician appointed to a  
24 member board;

25           (2) Executive director, executive secretary, or  
26 similar executive of a member board; or

27           (3) Member of the public appointed to a member board.

28           5. The Interstate Commission shall meet at least once  
29 each calendar year. A portion of this meeting shall be a  
30 business meeting to address such matters as may properly  
31 come before the Commission, including the election of  
32 officers. The chairperson may call additional meetings and  
33 shall call for a meeting upon the request of a majority of  
34 the member states.

35           6. The bylaws may provide for meetings of the  
36 Interstate Commission to be conducted by telecommunication  
37 or electronic communication.

38           7. Each Commissioner participating at a meeting of the  
39 Interstate Commission is entitled to one vote. A majority  
40 of Commissioners shall constitute a quorum for the  
41 transaction of business, unless a larger quorum is required  
42 by the bylaws of the Interstate Commission. A Commissioner  
43 shall not delegate a vote to another Commissioner. In the  
44 absence of its Commissioner, a member state may delegate  
45 voting authority for a specified meeting to another person  
46 from that state who shall meet the requirements of  
47 subsection 4 of this section.

48           8. The Interstate Commission shall provide public  
49 notice of all meetings and all meetings shall be open to the  
50 public. The Interstate Commission may close a meeting, in  
51 full or in portion, where it determines by a two-thirds vote  
52 of the Commissioners present that an open meeting would be  
53 likely to:

54           (1) Relate solely to the internal personnel practice  
55 and procedures of the Interstate Commission;

- 56           (2) Discuss matters specifically exempted from  
57 disclosure by federal statute;
- 58           (3) Discuss trade secrets, commercial, or financial  
59 information that is privileged or confidential;
- 60           (4) Involve accusing a person of a crime, or formally  
61 censuring a person;
- 62           (5) Discuss information of a personal nature where  
63 disclosure would constitute a clearly unwarranted invasion  
64 of personal privacy;
- 65           (6) Discuss investigative records compiled for law  
66 enforcement purposes; or
- 67           (7) Specifically relate to the participation in a  
68 civil action or other legal proceeding.
- 69           9. The Interstate Commission shall keep minutes which  
70 shall fully describe all matters discussed in a meeting and  
71 shall provide a full and accurate summary of actions taken,  
72 including record of any roll call votes.
- 73           10. The Interstate Commission shall make its  
74 information and official records, to the extent not  
75 otherwise designated in the Compact or by its rules,  
76 available to the public for inspection.
- 77           11. The Interstate Commission shall establish an  
78 executive committee, which shall include officers, members,  
79 and others as determined by the bylaws. The executive  
80 committee shall have the power to act on behalf of the  
81 Interstate Commission, with the exception of rulemaking,  
82 during periods when the Interstate Commission is not in  
83 session. When acting on behalf of the Interstate  
84 Commission, the executive committee shall oversee the  
85 administration of the Compact including enforcement and  
86 compliance with the provisions of the Compact, its bylaws  
87 and rules, and other such duties as necessary.

88           12. The Interstate Commission shall establish other  
89 committees for governance and administration of the Compact.

          334.1660. The powers and duties of the Interstate  
2 Commission shall be to:

3           (1) Oversee and maintain the administration of the  
4 Compact;

5           (2) Promulgate rules which shall be binding to the  
6 extent and in the manner provided for in the Compact;

7           (3) Issue, upon the request of a member state or  
8 member board, advisory opinions concerning the meaning or  
9 interpretation of the Compact, its bylaws, rules, and  
10 actions;

11          (4) Enforce compliance with Compact provisions, the  
12 rules promulgated by the Interstate Commission, and the  
13 bylaws, using all necessary and proper means, including but  
14 not limited to the use of judicial process;

15          (5) Establish and appoint committees including, but  
16 not limited to, an executive committee as required by  
17 section 334.1655, which shall have the power to act on  
18 behalf of the Interstate Commission in carrying out its  
19 powers and duties;

20          (6) Pay, or provide for the payment of the expenses  
21 related to the establishment, organization, and ongoing  
22 activities of the Interstate Commission;

23          (7) Establish and maintain one or more offices;

24          (8) Borrow, accept, hire, or contract for services of  
25 personnel;

26          (9) Purchase and maintain insurance and bonds;

27          (10) Employ an executive director who shall have such  
28 powers to employ, select or appoint employees, agents, or  
29 consultants, and to determine their qualifications, define  
30 their duties, and fix their compensation;

- 31           (11) Establish personnel policies and programs  
32 relating to conflicts of interest, rates of compensation,  
33 and qualifications of personnel;
- 34           (12) Accept donations and grants of money, equipment,  
35 supplies, materials, and services and to receive, utilize,  
36 and dispose of it in a manner consistent with the conflict  
37 of interest policies established by the Interstate  
38 Commission;
- 39           (13) Lease, purchase, accept contributions or  
40 donations of, or otherwise to own, hold, improve or use, any  
41 property, real, personal, or mixed;
- 42           (14) Sell, convey, mortgage, pledge, lease, exchange,  
43 abandon, or otherwise dispose of any property, real,  
44 personal, or mixed;
- 45           (15) Establish a budget and make expenditures;
- 46           (16) Adopt a seal and bylaws governing the management  
47 and operation of the Interstate Commission;
- 48           (17) Report annually to the legislatures and governors  
49 of the member states concerning the activities of the  
50 Interstate Commission during the preceding year. Such  
51 reports shall also include reports of financial audits and  
52 any recommendations that may have been adopted by the  
53 Interstate Commission;
- 54           (18) Coordinate education, training, and public  
55 awareness regarding the Compact, its implementation, and its  
56 operation;
- 57           (19) Maintain records in accordance with the bylaws;
- 58           (20) Seek and obtain trademarks, copyrights, and  
59 patents; and
- 60           (21) Perform such functions as may be necessary or  
61 appropriate to achieve the purpose of the Compact.

334.1665. 1. The Interstate Commission may levy on  
2 and collect an annual assessment from each member state to  
3 cover the cost of the operations and activities of the  
4 Interstate Commission and its staff. The total assessment  
5 must be sufficient to cover the annual budget approved each  
6 year for which revenue is not provided by other sources.  
7 The aggregate annual assessment amount shall be allocated  
8 upon a formula to be determined by the Interstate  
9 Commission, which shall promulgate a rule binding upon all  
10 member states.

11 2. The Interstate Commission shall not incur  
12 obligations of any kind prior to securing the funds adequate  
13 to meet the same.

14 3. The Interstate Commission shall not pledge the  
15 credit of any of the member states, except by, and with the  
16 authority of, the member state.

17 4. The Interstate Commission shall be subject to a  
18 yearly financial audit conducted by a certified or licensed  
19 accountant and the report of the audit shall be included in  
20 the annual report of the Interstate Commission.

334.1670. 1. The Interstate Commission shall, by a  
2 majority of Commissioners present and voting, adopt bylaws  
3 to govern its conduct as may be necessary or appropriate to  
4 carry out the purposes of the Compact within twelve (12)  
5 months of the first Interstate Commission meeting.

6 2. The Interstate Commission shall elect or appoint  
7 annually from among its Commissioners a chairperson, a vice-  
8 chairperson, and a treasurer, each of whom shall have such  
9 authority and duties as may be specified in the bylaws. The  
10 chairperson, or in the chairperson's absence or disability,  
11 the vice-chairperson, shall preside at all meetings of the  
12 Interstate Commission.

13           3. Officers selected in subsection 2 of this section  
14 shall serve without remuneration for the Interstate  
15 Commission.

16           4. The officers and employees of the Interstate  
17 Commission shall be immune from suit and liability, either  
18 personally or in their official capacity, for a claim for  
19 damage to or loss of property or personal injury or other  
20 civil liability caused or arising out of, or relating to, an  
21 actual or alleged act, error, or omission that occurred, or  
22 that such person had a reasonable basis for believing  
23 occurred, within the scope of Interstate Commission  
24 employment, duties, or responsibilities; provided that such  
25 person shall not be protected from suit or liability for  
26 damage, loss, injury, or liability caused by the intentional  
27 or willful and wanton misconduct of such person.

28           5. The liability of the executive director and  
29 employees of the Interstate Commission or representatives of  
30 the Interstate Commission, acting within the scope of such  
31 person's employment or duties for acts, errors, or omissions  
32 occurring within such person's state, may not exceed the  
33 limits of liability set forth under the constitution and  
34 laws of that state for state officials, employees, and  
35 agents. The Interstate Commission is considered to be an  
36 instrumentality of the states for the purpose of any such  
37 action. Nothing in this subsection shall be construed to  
38 protect such person from suit or liability for damage, loss,  
39 injury, or liability caused by the intentional or willful  
40 and wanton misconduct of such person.

41           6. The Interstate Commission shall defend the  
42 executive director, its employees, and subject to the  
43 approval of the attorney general or other appropriate legal  
44 counsel of the member state represented by an Interstate

45 Commission representative, shall defend such Interstate  
46 Commission representative in any civil action seeking to  
47 impose liability arising out of an actual or alleged act,  
48 error or omission that occurred within the scope of  
49 Interstate Commission employment, duties or  
50 responsibilities, or that the defendant had a reasonable  
51 basis for believing occurred within the scope of Interstate  
52 Commission employment, duties, or responsibilities, provided  
53 that the actual or alleged act, error, or omission did not  
54 result from intentional or willful and wanton misconduct on  
55 the part of such person.

56 7. To the extent not covered by the state involved,  
57 member state, or the Interstate Commission, the  
58 representatives or employees of the Interstate Commission  
59 shall be held harmless in the amount of a settlement or  
60 judgement, including attorney's fees and costs, obtained  
61 against such persons arising out of an actual or alleged  
62 act, error, or omission that occurred within the scope of  
63 the Interstate Commission employment, duties, or  
64 responsibilities, or that such persons had a reasonable  
65 basis for believing occurred within the scope of Interstate  
66 Commission employment, duties, or responsibilities, provided  
67 that the actual or alleged act, error, or omission did not  
68 result from intentional or willful and wanton misconduct on  
69 the part of such person.

334.1675. 1. The Interstate Commission shall  
2 promulgate reasonable rules in order to effectively and  
3 efficiently achieve the purpose of the Compact.  
4 Notwithstanding the foregoing, in the event the Interstate  
5 Commission exercises its rulemaking authority in a manner  
6 that is beyond the scope of the purposes of the Compact, or  
7 the powers granted hereunder, then such an action by the

8 Interstate Commission shall be invalid and have no force or  
9 effect.

10 2. Rules deemed appropriate for the operations of the  
11 Interstate Commission shall be made pursuant to a rulemaking  
12 process that substantially conforms to the "Model State  
13 Administrative Procedure Act" of 2010, and subsequent  
14 amendments thereto.

15 3. Not later than thirty (30) days after a rule is  
16 promulgated, any person may file a petition for judicial  
17 review of the rule in the United States District Court for  
18 the District of Columbia or the federal district where the  
19 Interstate Commission has its principal offices, provided  
20 that the filing of such a petition shall not stay or  
21 otherwise prevent the rule from becoming effective unless  
22 the court finds that the petitioner has a substantial  
23 likelihood of success. The court shall give deference to  
24 the actions of the Interstate Commission consistent with  
25 applicable law and shall not find the rule to be unlawful if  
26 the rule represents a reasonable exercise of the authority  
27 granted to the Interstate Commission.

334.1680. 1. The executive, legislative, and judicial  
2 branches of state government in each member state shall  
3 enforce the Compact and shall take all actions necessary and  
4 appropriate to effectuate the Compact's purposes and  
5 intent. The provisions of the Compact and the rules  
6 promulgated hereunder shall have standing as statutory law  
7 but shall not override existing state authority to regulate  
8 the practice of medicine.

9 2. All courts shall take judicial notice of the  
10 Compact and the rules in any judicial or administrative  
11 proceeding in a member state pertaining to the subject

12 matter of the Compact which may affect the powers,  
13 responsibilities or actions of the Interstate Commission.

14 3. The Interstate Commission shall be entitled to  
15 receive all services of process in any such proceeding, and  
16 shall have standing to intervene in the proceeding for all  
17 purposes. Failure to provide service of process to the  
18 Interstate Commission shall render a judgment or order void  
19 as to the Interstate Commission, the Compact, or promulgated  
20 rules.

334.1685. 1. The Interstate Commission, in the  
2 reasonable exercise of its discretion, shall enforce the  
3 provisions and rules of the Compact.

4 2. The Interstate Commission may, by majority vote of  
5 the Commissioners, initiate legal action in the United  
6 States District Court for the District of Columbia, or, at  
7 the discretion of the Interstate Commission, in the federal  
8 district where the Interstate Commission has its principal  
9 offices, to enforce compliance with the provisions of the  
10 Compact, and its promulgated rules and bylaws, against a  
11 member state in default. The relief sought may include both  
12 injunctive relief and damages. In the event judicial  
13 enforcement is necessary, the prevailing party shall be  
14 awarded all costs of such litigation including reasonable  
15 attorney's fees.

16 3. The remedies herein shall not be the exclusive  
17 remedies of the Interstate Commission. The Interstate  
18 Commission may avail itself of any other remedies available  
19 under state law or regulation of a profession.

334.1690. 1. The grounds for default include, but are  
2 not limited to, failure of a member state to perform such  
3 obligations or responsibilities imposed upon it by the

4 Compact, or the rules and bylaws of the Interstate  
5 Commission promulgated under the Compact.

6 2. If the Interstate Commission determines that a  
7 member state has defaulted in the performance of its  
8 obligations or responsibilities under the Compact, or the  
9 bylaws or promulgated rules, the Interstate Commission shall:

10 (1) Provide written notice to the defaulting state and  
11 other member states, of the nature of the default, the means  
12 of curing the default, and any action taken by the  
13 Interstate Commission. The Interstate Commission shall  
14 specify the conditions by which the defaulting state must  
15 cure its default; and

16 (2) Provide remedial training and specific technical  
17 assistance regarding the default.

18 3. If the defaulting state fails to cure the default,  
19 the defaulting state shall be terminated from the Compact  
20 upon an affirmative vote of a majority of the Commissioners  
21 and all rights, privileges, and benefits conferred by the  
22 Compact shall terminate on the effective date of  
23 termination. A cure of the default does not relieve the  
24 offending state of obligations or liabilities incurred  
25 during the period of the default.

26 4. Termination of membership in the Compact shall be  
27 imposed only after all other means of securing compliance  
28 have been exhausted. Notice of intent to terminate shall be  
29 given by the Interstate Commission to the governor, the  
30 majority and minority leaders of the defaulting state's  
31 legislature, and each of the member states.

32 5. The Interstate Commission shall establish rules and  
33 procedures to address licenses and physicians that are  
34 materially impacted by the termination of a member state, or  
35 the withdrawal of a member state.

36           6. The member state which has been terminated is  
37 responsible for all dues, obligations, and liabilities  
38 incurred through the effective date of termination including  
39 obligations, the performance of which extends beyond the  
40 effective date of termination.

41           7. The Interstate Commission shall not bear any costs  
42 relating to any state that has been found to be in default  
43 or which has been terminated from the Compact, unless  
44 otherwise mutually agreed upon in writing between the  
45 Interstate Commission and the defaulting state.

46           8. The defaulting state may appeal the action of the  
47 Interstate Commission by petitioning the United States  
48 District Court for the District of Columbia or the federal  
49 district where the Interstate Commission has its principal  
50 offices. The prevailing party shall be awarded all costs of  
51 such litigation including reasonable attorney's fees.

334.1695. 1. The Interstate Commission shall attempt,  
2 upon the request of a member state, to resolve disputes  
3 which are subject to the Compact and which may arise among  
4 member states or member boards.

5           2. The Interstate Commission shall promulgate rules  
6 providing for both mediation and binding dispute resolution  
7 as appropriate.

334.1700. 1. Any state is eligible to become a member  
2 of the Compact.

3           2. The Compact shall become effective and binding upon  
4 legislative enactment of the Compact into law by no less  
5 than seven (7) states. Thereafter, it shall become  
6 effective and binding on a state upon enactment of the  
7 Compact into law by that state.

8           3. The governors of non-member states, or their  
9 designees, shall be invited to participate in the activities

10 of the Interstate Commission on a non-voting basis prior to  
11 adoption of the Compact by all states.

12 4. The Interstate Commission may propose amendments to  
13 the Compact for enactment by the member states. No  
14 amendment shall become effective and binding upon the  
15 Interstate Commission and the member states unless and until  
16 it is enacted into law by unanimous consent of the member  
17 states.

334.1705. 1. Once effective, the Compact shall  
2 continue in force and remain binding upon each and every  
3 member state; provided that a member state may withdraw from  
4 the Compact by specifically repealing the statute which  
5 enacted the Compact into law.

6 2. Withdrawal from the Compact shall be by the  
7 enactment of a statute repealing the same, but shall not  
8 take effect until one (1) year after the effective date of  
9 such statute and until written notice of the withdrawal has  
10 been given by the withdrawing state to the governor of each  
11 other member state.

12 3. The withdrawing state shall immediately notify the  
13 chairperson of the Interstate Commission in writing upon the  
14 introduction of legislation repealing the Compact in the  
15 withdrawing state.

16 4. The Interstate Commission shall notify the other  
17 member states of the withdrawing state's intent to withdraw  
18 within sixty (60) days of its receipt of notice provided  
19 under subsection 3 of this section.

20 5. The withdrawing state is responsible for all dues,  
21 obligations and liabilities incurred through the effective  
22 date of withdrawal, including obligations, the performance  
23 of which extend beyond the effective date of withdrawal.

24           6. Reinstatement following withdrawal of a member  
25 state shall occur upon the withdrawing state reenacting the  
26 Compact or upon such later date as determined by the  
27 Interstate Commission.

28           7. The Interstate Commission is authorized to develop  
29 rules to address the impact of the withdrawal of a member  
30 state on licenses granted in other member states to  
31 physicians who designated the withdrawing member state as  
32 the state of principal license.

          334.1710. 1. The Compact shall dissolve effective  
2 upon the date of the withdrawal or default of the member  
3 state which reduces the membership of the Compact to one (1)  
4 member state.

5           2. Upon the dissolution of the Compact, the Compact  
6 becomes null and void and shall be of no further force or  
7 effect, and the business and affairs of the Interstate  
8 Commission shall be concluded, and surplus funds shall be  
9 distributed in accordance with the bylaws.

          334.1715. 1. The provisions of the Compact shall be  
2 severable, and if any phrase, clause, sentence, or provision  
3 is deemed unenforceable, the remaining provisions of the  
4 Compact shall be enforceable.

5           2. The provisions of the Compact shall be liberally  
6 construed to effectuate its purposes.

7           3. Nothing in the Compact shall be construed to  
8 prohibit the applicability of other interstate compacts to  
9 which the member states are members.

          334.1720. 1. Nothing herein prevents the enforcement  
2 of any other law of a member state that is not inconsistent  
3 with the Compact.

4           2. All laws in a member state in conflict with the  
5 Compact are superseded to the extent of the conflict.

6           3. All lawful actions of the Interstate Commission,  
7 including all rules and bylaws promulgated by the  
8 Commission, are binding upon the member states.

9           4. All agreements between the Interstate Commission  
10 and the member states are binding in accordance with their  
11 terms.

12           5. In the event any provision of the Compact exceeds  
13 the constitutional limits imposed on the legislature of any  
14 member state, such provision shall be ineffective to the  
15 extent of the conflict with the constitutional provision in  
16 question in that member state.

335.016. As used in this chapter, unless the context  
2 clearly requires otherwise, the following words and terms  
3 mean:

4           (1) "Accredited", the official authorization or status  
5 granted by an agency for a program through a voluntary  
6 process;

7           (2) "Advanced practice registered nurse" or "APRN", a  
8 [nurse who has education beyond the basic nursing education  
9 and is certified by a nationally recognized professional  
10 organization as a certified nurse practitioner, certified  
11 nurse midwife, certified registered nurse anesthetist, or a  
12 certified clinical nurse specialist. The board shall  
13 promulgate rules specifying which nationally recognized  
14 professional organization certifications are to be  
15 recognized for the purposes of this section. Advanced  
16 practice nurses and only such individuals may use the title  
17 "Advanced Practice Registered Nurse" and the abbreviation  
18 "APRN"] person who is licensed under the provisions of this  
19 chapter to engage in the practice of advanced practice  
20 nursing as a certified clinical nurse specialist, certified

21 **nurse midwife, certified nurse practitioner, or certified**  
22 **registered nurse anesthetist;**

23 (3) "Approval", official recognition of nursing  
24 education programs which meet standards established by the  
25 board of nursing;

26 (4) "Board" or "state board", the state board of  
27 nursing;

28 (5) "Certified clinical nurse specialist", a  
29 registered nurse who is currently certified as a clinical  
30 nurse specialist by a nationally recognized certifying board  
31 approved by the board of nursing;

32 (6) "Certified nurse midwife", a registered nurse who  
33 is currently certified as a nurse midwife by the American  
34 [College of Nurse Midwives] **Midwifery Certification Board,**  
35 or other nationally recognized certifying body approved by  
36 the board of nursing;

37 (7) "Certified nurse practitioner", a registered nurse  
38 who is currently certified as a nurse practitioner by a  
39 nationally recognized certifying body approved by the board  
40 of nursing;

41 (8) "Certified registered nurse anesthetist", a  
42 registered nurse who is currently certified as a nurse  
43 anesthetist by the Council on Certification of Nurse  
44 Anesthetists, the [Council on Recertification of Nurse  
45 Anesthetists] **National Board of Certification and**  
46 **Recertification for Nurse Anesthetists,** or other nationally  
47 recognized certifying body approved by the board of nursing;

48 (9) "Executive director", a qualified individual  
49 employed by the board as executive secretary or otherwise to  
50 administer the provisions of this chapter under the board's  
51 direction. Such person employed as executive director shall  
52 not be a member of the board;

53 (10) "Inactive **[nurse] license status**", as defined by  
54 rule pursuant to section 335.061;

55 (11) "Lapsed license status", as defined by rule under  
56 section 335.061;

57 (12) "Licensed practical nurse" or "practical nurse",  
58 a person licensed pursuant to the provisions of this chapter  
59 to engage in the practice of practical nursing;

60 (13) "Licensure", the issuing of a license **[to**  
61 **practice professional or practical nursing]** to candidates  
62 who have met the **[specified]** requirements **specified under**  
63 **this chapter, authorizing the person to engage in the**  
64 **practice of advanced practice, professional, or practical**  
65 **nursing**, and the recording of the names of those persons as  
66 holders of a license to practice **advanced practice,**  
67 **professional, or practical nursing;**

68 (14) "**Practice of advanced practice nursing, the**  
69 **performance for compensation of activities and services**  
70 **consistent with the required education, training,**  
71 **certification, demonstrated competencies, and experiences of**  
72 **an advanced practice registered nurse;**

73 (15) "**Practice of practical nursing**", the performance  
74 for compensation of selected acts for the promotion of  
75 health and in the care of persons who are ill, injured, or  
76 experiencing alterations in normal health processes. Such  
77 performance requires substantial specialized skill, judgment  
78 and knowledge. All such nursing care shall be given under  
79 the direction of a person licensed by a state regulatory  
80 board to prescribe medications and treatments or under the  
81 direction of a registered professional nurse. For the  
82 purposes of this chapter, the term "direction" shall mean  
83 guidance or supervision provided by a person licensed by a  
84 state regulatory board to prescribe medications and

85 treatments or a registered professional nurse, including,  
86 but not limited to, oral, written, or otherwise communicated  
87 orders or directives for patient care. When practical  
88 nursing care is delivered pursuant to the direction of a  
89 person licensed by a state regulatory board to prescribe  
90 medications and treatments or under the direction of a  
91 registered professional nurse, such care may be delivered by  
92 a licensed practical nurse without direct physical oversight;

93 [(15)] (16) "Practice of professional nursing", the  
94 performance for compensation of any act **or action** which  
95 requires substantial specialized education, judgment and  
96 skill based on knowledge and application of principles  
97 derived from the biological, physical, social, **behavioral**,  
98 and nursing sciences, including, but not limited to:

99 (a) Responsibility for the **promotion and** teaching of  
100 health care and the prevention of illness to the patient and  
101 his or her family;

102 (b) Assessment, **data collection**, nursing diagnosis,  
103 nursing care, **evaluation**, and counsel of persons who are  
104 ill, injured, or experiencing alterations in normal health  
105 processes;

106 (c) The administration of medications and treatments  
107 as prescribed by a person licensed by a state regulatory  
108 board to prescribe medications and treatments;

109 (d) The coordination and assistance in the  
110 **determination and** delivery of a plan of health care with all  
111 members of a health team;

112 (e) The teaching and supervision of other persons in  
113 the performance of any of the foregoing;

114 [(16) A] (17) "Registered professional nurse" or  
115 "registered nurse", a person licensed pursuant to the

116 provisions of this chapter to engage in the practice of  
117 professional nursing;

118 **[(17)] (18)** "Retired license status", any person  
119 licensed in this state under this chapter who retires from  
120 such practice. Such person shall file with the board an  
121 affidavit, on a form to be furnished by the board, which  
122 states the date on which the licensee retired from such  
123 practice, an intent to retire from the practice for at least  
124 two years, and such other facts as tend to verify the  
125 retirement as the board may deem necessary; but if the  
126 licensee thereafter reengages in the practice, the licensee  
127 shall renew his or her license with the board as provided by  
128 this chapter and by rule and regulation.

335.019. **1. An advanced practice registered nurse's  
2 prescriptive authority shall include authority to:**

3 **(1) Prescribe, dispense, and administer medications**  
4 **and nonscheduled legend drugs, as defined in section**  
5 **338.330, within such APRN's practice and specialty; and**

6 **(2) Notwithstanding any other provision of this**  
7 **chapter to the contrary, receive, prescribe, administer, and**  
8 **provide nonscheduled legend drug samples from pharmaceutical**  
9 **manufacturers to patients at no charge to the patient or any**  
10 **other party.**

11 **2.** The board of nursing may grant a certificate of  
12 controlled substance prescriptive authority to an advanced  
13 practice registered nurse who:

14 (1) Submits proof of successful completion of an  
15 advanced pharmacology course that shall include preceptorial  
16 experience in the prescription of drugs, medicines, and  
17 therapeutic devices; and

18 (2) Provides documentation of a minimum of three  
19 hundred clock hours preceptorial experience in the

20 prescription of drugs, medicines, and therapeutic devices  
21 with a qualified preceptor; and

22 (3) Provides evidence of a minimum of one thousand  
23 hours of practice in an advanced practice nursing category  
24 prior to application for a certificate of prescriptive  
25 authority. The one thousand hours shall not include  
26 clinical hours obtained in the advanced practice nursing  
27 education program. The one thousand hours of practice in an  
28 advanced practice nursing category may include transmitting  
29 a prescription order orally or telephonically or to an  
30 inpatient medical record from protocols developed in  
31 collaboration with and signed by a licensed physician; and

32 (4) Has a controlled substance prescribing authority  
33 delegated in the collaborative practice arrangement under  
34 section 334.104 with a physician who has an unrestricted  
35 federal Drug Enforcement Administration registration number  
36 and who is actively engaged in a practice comparable in  
37 scope, specialty, or expertise to that of the advanced  
38 practice registered nurse.

335.036. 1. The board shall:

2 (1) Elect for a one-year term a president and a  
3 secretary, who shall also be treasurer, and the board may  
4 appoint, employ and fix the compensation of a legal counsel  
5 and such board personnel as defined in subdivision (4) of  
6 subsection 11 of section 324.001 as are necessary to  
7 administer the provisions of sections 335.011 to [335.096]  
8 **335.099;**

9 (2) Adopt and revise such rules and regulations as may  
10 be necessary to enable it to carry into effect the  
11 provisions of sections 335.011 to [335.096] **335.099;**

12 (3) Prescribe minimum standards for educational  
13 programs preparing persons for licensure **as a registered**

14 **professional nurse or licensed practical nurse** pursuant to  
15 the provisions of sections 335.011 to [335.096] **335.099**;

16 (4) Provide for surveys of such programs every five  
17 years and in addition at such times as it may deem necessary;

18 (5) Designate as "approved" such programs as meet the  
19 requirements of sections 335.011 to [335.096] **335.099** and  
20 the rules and regulations enacted pursuant to such sections;  
21 and the board shall annually publish a list of such programs;

22 (6) Deny or withdraw approval from educational  
23 programs for failure to meet prescribed minimum standards;

24 (7) Examine, license, and cause to be renewed the  
25 licenses of duly qualified applicants;

26 (8) Cause the prosecution of all persons violating  
27 provisions of sections 335.011 to [335.096] **335.099**, and may  
28 incur such necessary expenses therefor;

29 (9) Keep a record of all the proceedings; and make an  
30 annual report to the governor and to the director of the  
31 department of commerce and insurance.

32 2. The board shall set the amount of the fees which  
33 this chapter authorizes and requires by rules and  
34 regulations. The fees shall be set at a level to produce  
35 revenue which shall not substantially exceed the cost and  
36 expense of administering this chapter.

37 3. All fees received by the board pursuant to the  
38 provisions of sections 335.011 to [335.096] **335.099** shall be  
39 deposited in the state treasury and be placed to the credit  
40 of the state board of nursing fund. All administrative  
41 costs and expenses of the board shall be paid from  
42 appropriations made for those purposes. The board is  
43 authorized to provide funding for the nursing education  
44 incentive program established in sections 335.200 to 335.203.

45           4. The provisions of section 33.080 to the contrary  
46 notwithstanding, money in this fund shall not be transferred  
47 and placed to the credit of general revenue until the amount  
48 in the fund at the end of the biennium exceeds two times the  
49 amount of the appropriation from the board's funds for the  
50 preceding fiscal year or, if the board requires by rule,  
51 permit renewal less frequently than yearly, then three times  
52 the appropriation from the board's funds for the preceding  
53 fiscal year. The amount, if any, in the fund which shall  
54 lapse is that amount in the fund which exceeds the  
55 appropriate multiple of the appropriations from the board's  
56 funds for the preceding fiscal year.

57           5. Any rule or portion of a rule, as that term is  
58 defined in section 536.010, that is created under the  
59 authority delegated in this chapter shall become effective  
60 only if it complies with and is subject to all of the  
61 provisions of chapter 536 and, if applicable, section  
62 536.028. All rulemaking authority delegated prior to August  
63 28, 1999, is of no force and effect and repealed. Nothing  
64 in this section shall be interpreted to repeal or affect the  
65 validity of any rule filed or adopted prior to August 28,  
66 1999, if it fully complied with all applicable provisions of  
67 law. This section and chapter 536 are nonseverable and if  
68 any of the powers vested with the general assembly pursuant  
69 to chapter 536 to review, to delay the effective date or to  
70 disapprove and annul a rule are subsequently held  
71 unconstitutional, then the grant of rulemaking authority and  
72 any rule proposed or adopted after August 28, 1999, shall be  
73 invalid and void.

335.046. 1. An applicant for a license to practice as  
2 a registered professional nurse shall submit to the board a  
3 written application on forms furnished to the applicant.

4 The original application shall contain the applicant's  
5 statements showing the applicant's education and other such  
6 pertinent information as the board may require. The  
7 applicant shall be of good moral character and have  
8 completed at least the high school course of study, or the  
9 equivalent thereof as determined by the state board of  
10 education, and have successfully completed the basic  
11 professional curriculum in an accredited or approved school  
12 of nursing and earned a professional nursing degree or  
13 diploma. Each application shall contain a statement that it  
14 is made under oath or affirmation and that its  
15 representations are true and correct to the best knowledge  
16 and belief of the person signing same, subject to the  
17 penalties of making a false affidavit or declaration.  
18 Applicants from non-English-speaking lands shall be required  
19 to submit evidence of proficiency in the English language.  
20 The applicant must be approved by the board and shall pass  
21 an examination as required by the board. The board may  
22 require by rule as a requirement for licensure that each  
23 applicant shall pass an oral or practical examination. Upon  
24 successfully passing the examination, the board may issue to  
25 the applicant a license to practice nursing as a registered  
26 professional nurse. The applicant for a license to practice  
27 registered professional nursing shall pay a license fee in  
28 such amount as set by the board. The fee shall be uniform  
29 for all applicants. Applicants from foreign countries shall  
30 be licensed as prescribed by rule.

31 2. An applicant for license to practice as a licensed  
32 practical nurse shall submit to the board a written  
33 application on forms furnished to the applicant. The  
34 original application shall contain the applicant's  
35 statements showing the applicant's education and other such

36 pertinent information as the board may require. Such  
37 applicant shall be of good moral character, and have  
38 completed at least two years of high school, or its  
39 equivalent as established by the state board of education,  
40 and have successfully completed a basic prescribed  
41 curriculum in a state-accredited or approved school of  
42 nursing, earned a nursing degree, certificate or diploma and  
43 completed a course approved by the board on the role of the  
44 practical nurse. Each application shall contain a statement  
45 that it is made under oath or affirmation and that its  
46 representations are true and correct to the best knowledge  
47 and belief of the person signing same, subject to the  
48 penalties of making a false affidavit or declaration.  
49 Applicants from non-English-speaking countries shall be  
50 required to submit evidence of their proficiency in the  
51 English language. The applicant must be approved by the  
52 board and shall pass an examination as required by the  
53 board. The board may require by rule as a requirement for  
54 licensure that each applicant shall pass an oral or  
55 practical examination. Upon successfully passing the  
56 examination, the board may issue to the applicant a license  
57 to practice as a licensed practical nurse. The applicant  
58 for a license to practice licensed practical nursing shall  
59 pay a fee in such amount as may be set by the board. The  
60 fee shall be uniform for all applicants. Applicants from  
61 foreign countries shall be licensed as prescribed by rule.

62       **3. (1) An applicant for a license to practice as an**  
63 **advanced practice registered nurse shall submit to the board**  
64 **a written application on forms furnished to the applicant.**  
65 **The original application shall contain:**

66           (a) Statements showing the applicant's education and  
67 other such pertinent information as the board may require;  
68 and

69           (b) A statement that it is made under oath or  
70 affirmation and that its representations are true and  
71 correct to the best knowledge and belief of the person  
72 signing same, subject to the penalties of making a false  
73 affidavit or declaration.

74           (2) The applicant for a license to practice as an  
75 advanced practice registered nurse shall pay a fee in such  
76 amount as may be set by the board. The fee shall be uniform  
77 for all applicants.

78           (3) An applicant shall:

79           (a) Hold a current registered professional nurse  
80 license or privilege to practice, shall not be currently  
81 subject to discipline or any restrictions, and shall not  
82 hold an encumbered license or privilege to practice as a  
83 registered professional nurse or advanced practice  
84 registered nurse in any state or territory;

85           (b) Have completed an accredited graduate-level  
86 advanced practice registered nurse program and achieved at  
87 least one certification as a clinical nurse specialist,  
88 nurse midwife, nurse practitioner, or registered nurse  
89 anesthetist, with at least one population focus prescribed  
90 by rule of the board;

91           (c) Be currently certified by a national certifying  
92 body recognized by the Missouri state board of nursing in  
93 the advanced practice registered nurse role; and

94           (d) Have a population focus on his or her  
95 certification, corresponding with his or her educational  
96 advanced practice registered nurse program.

97           (4) Any person holding a document of recognition to  
98 practice nursing as an advanced practice registered nurse in  
99 this state that is current on August 28, 2023, shall be  
100 deemed to be licensed as an advanced practice registered  
101 nurse under the provisions of this section and shall be  
102 eligible for renewal of such license under the conditions  
103 and standards prescribed in this chapter and as prescribed  
104 by rule.

105           4. Upon refusal of the board to allow any applicant to  
106 [sit for] take either the registered professional nurses'  
107 examination or the licensed practical nurses' examination,  
108 [as the case may be,] or upon refusal to issue an advanced  
109 practice registered nurse license, the board shall comply  
110 with the provisions of section 621.120 and advise the  
111 applicant of his or her right to have a hearing before the  
112 administrative hearing commission. The administrative  
113 hearing commission shall hear complaints taken pursuant to  
114 section 621.120.

115           [4.] 5. The board shall not deny a license because of  
116 sex, religion, race, ethnic origin, age or political  
117 affiliation.

          335.051. 1. The board shall issue a license to  
2 practice nursing as [either] an advanced practice registered  
3 nurse, a registered professional nurse, or a licensed  
4 practical nurse without examination to an applicant who has  
5 duly become licensed as [a] an advanced practice registered  
6 nurse, registered nurse, or licensed practical nurse  
7 pursuant to the laws of another state, territory, or foreign  
8 country if the applicant meets the qualifications required  
9 of advanced practice registered nurses, registered nurses,  
10 or licensed practical nurses in this state at the time the

11 applicant was originally licensed in the other state,  
12 territory, or foreign country.

13 2. Applicants from foreign countries shall be licensed  
14 as prescribed by rule.

15 3. Upon application, the board shall issue a temporary  
16 permit to an applicant pursuant to subsection 1 of this  
17 section for a license as **[either] an advanced practice**  
18 **registered nurse**, a registered professional nurse, or a  
19 licensed practical nurse who has made a prima facie showing  
20 that the applicant meets all of the requirements for such a  
21 license. The temporary permit shall be effective only until  
22 the board shall have had the opportunity to investigate his  
23 **or her** qualifications for licensure pursuant to subsection 1  
24 of this section and to notify the applicant that his or her  
25 application for a license has been either granted or  
26 rejected. In no event shall such temporary permit be in  
27 effect for more than twelve months after the date of its  
28 issuance nor shall a permit be reissued to the same  
29 applicant. No fee shall be charged for such temporary  
30 permit. The holder of a temporary permit which has not  
31 expired, or been suspended or revoked, shall be deemed to be  
32 the holder of a license issued pursuant to section 335.046  
33 until such temporary permit expires, is terminated or is  
34 suspended or revoked.

335.056. 1. The license of every person licensed  
2 under the provisions of **[sections 335.011 to 335.096]** **this**  
3 **chapter** shall be renewed as provided. An application for  
4 renewal of license shall be mailed to every person to whom a  
5 license was issued or renewed during the current licensing  
6 period. The applicant shall complete the application and  
7 return it to the board by the renewal date with a renewal  
8 fee in an amount to be set by the board. The fee shall be

9 uniform for all applicants. The certificates of renewal  
10 shall render the holder thereof a legal practitioner of  
11 nursing for the period stated in the certificate of  
12 renewal. Any person who practices nursing as **an advanced**  
13 **practice registered nurse**, a registered professional nurse,  
14 or **[as]** a licensed practical nurse during the time his **or**  
15 **her** license has lapsed shall be considered an illegal  
16 practitioner and shall be subject to the penalties provided  
17 for violation of the provisions of sections 335.011 to  
18 **[335.096] 335.099**.

19 **2. The renewal of advanced practice registered nurse**  
20 **licenses and registered professional nurse licenses shall**  
21 **occur at the same time, as prescribed by rule. Failure to**  
22 **renew and maintain the registered professional nurse license**  
23 **or privilege to practice or failure to provide the required**  
24 **fee and evidence of active certification or maintenance of**  
25 **certification as prescribed by rules and regulations shall**  
26 **result in expiration of the advanced practice registered**  
27 **nurse license.**

28 **3. A licensed nurse who holds an APRN license shall be**  
29 **disciplined on his or her APRN license for any violations of**  
30 **this chapter.**

335.076. 1. Any person who holds a license to  
2 practice professional nursing in this state may use the  
3 title "Registered Professional Nurse" and the abbreviation  
4 **["R.N."] "RN"**. No other person shall use the title  
5 "Registered Professional Nurse" or the abbreviation **["R.N."]**  
6 **"RN"**. No other person shall assume any title or use any  
7 abbreviation or any other words, letters, signs, or devices  
8 to indicate that the person using the same is a registered  
9 professional nurse.

10           2. Any person who holds a license to practice  
11 practical nursing in this state may use the title "Licensed  
12 Practical Nurse" and the abbreviation ["L.P.N."] "LPN". No  
13 other person shall use the title "Licensed Practical Nurse"  
14 or the abbreviation ["L.P.N."] "LPN". No other person shall  
15 assume any title or use any abbreviation or any other words,  
16 letters, signs, or devices to indicate that the person using  
17 the same is a licensed practical nurse.

18           3. Any person who holds a license [or recognition] to  
19 practice advanced practice nursing in this state may use the  
20 title "Advanced Practice Registered Nurse", **the designations**  
21 **of "certified registered nurse anesthetist", "certified**  
22 **nurse midwife", "certified clinical nurse specialist", and**  
23 **"certified nurse practitioner",** and the [abbreviation]  
24 **abbreviations "APRN", [and any other title designations**  
25 **appearing on his or her license] "CRNA", "CNM", "CNS", and**  
26 **"NP", respectively.** No other person shall use the title  
27 "Advanced Practice Registered Nurse" or the abbreviation  
28 "APRN". No other person shall assume any title or use any  
29 abbreviation or any other words, letters, signs, or devices  
30 to indicate that the person using the same is an advanced  
31 practice registered nurse.

32           4. No person shall practice or offer to practice  
33 professional nursing, practical nursing, or advanced  
34 practice nursing in this state or use any title, sign,  
35 abbreviation, card, or device to indicate that such person  
36 is a practicing professional nurse, practical nurse, or  
37 advanced practice nurse unless he or she has been duly  
38 licensed under the provisions of this chapter.

39           5. In the interest of public safety and consumer  
40 awareness, it is unlawful for any person to use the title  
41 "nurse" in reference to himself or herself in any capacity,

42 except individuals who are or have been licensed as a  
43 registered nurse, licensed practical nurse, or advanced  
44 practice registered nurse under this chapter.

45 6. Notwithstanding any law to the contrary, nothing in  
46 this chapter shall prohibit a Christian Science nurse from  
47 using the title "Christian Science nurse", so long as such  
48 person provides only religious nonmedical services when  
49 offering or providing such services to those who choose to  
50 rely upon healing by spiritual means alone and does not hold  
51 his or her own religious organization and does not hold  
52 himself or herself out as a registered nurse, advanced  
53 practice registered nurse, nurse practitioner, licensed  
54 practical nurse, nurse midwife, clinical nurse specialist,  
55 or nurse anesthetist, unless otherwise authorized by law to  
56 do so.

335.086. No person, firm, corporation or association  
2 shall:

3 (1) Sell or attempt to sell or fraudulently obtain or  
4 furnish or attempt to furnish any nursing diploma, license,  
5 renewal or record or aid or abet therein;

6 (2) Practice [professional or practical] nursing as  
7 defined by sections 335.011 to [335.096] **335.099** under cover  
8 of any diploma, license, or record illegally or fraudulently  
9 obtained or signed or issued unlawfully or under fraudulent  
10 representation;

11 (3) Practice [professional nursing or practical]  
12 nursing as defined by sections 335.011 to [335.096] **335.099**  
13 unless duly licensed to do so under the provisions of  
14 sections 335.011 to [335.096] **335.099**;

15 (4) Use in connection with his **or her** name any  
16 designation tending to imply that he **or she** is a licensed  
17 **advanced practice registered nurse, a licensed** registered

18 professional nurse, or a licensed practical nurse unless  
19 duly licensed so to practice under the provisions of  
20 sections 335.011 to [335.096] 335.099;

21 (5) Practice [professional nursing or practical]  
22 nursing during the time his **or her** license issued under the  
23 provisions of sections 335.011 to [335.096] 335.099 shall be  
24 suspended or revoked; or

25 (6) Conduct a nursing education program for the  
26 preparation of professional or practical nurses unless the  
27 program has been accredited by the board.

335.175. 1. No later than January 1, 2014, there is  
2 hereby established within the state board of registration  
3 for the healing arts and the state board of nursing the  
4 "Utilization of Telehealth by Nurses". An advanced practice  
5 registered nurse (APRN) providing nursing services under a  
6 collaborative practice arrangement under section 334.104 may  
7 provide such services outside the geographic proximity  
8 requirements of section 334.104 if the collaborating  
9 physician and advanced practice registered nurse utilize  
10 telehealth [in the care of the patient and if the services  
11 are provided in a rural area of need]. Telehealth providers  
12 shall be required to obtain patient consent before  
13 telehealth services are initiated and ensure confidentiality  
14 of medical information.

15 2. As used in this section, "telehealth" shall have  
16 the same meaning as such term is defined in section 191.1145.

17 [3. (1) The boards shall jointly promulgate rules  
18 governing the practice of telehealth under this section.  
19 Such rules shall address, but not be limited to, appropriate  
20 standards for the use of telehealth.

21 (2) Any rule or portion of a rule, as that term is  
22 defined in section 536.010, that is created under the

23 authority delegated in this section shall become effective  
24 only if it complies with and is subject to all of the  
25 provisions of chapter 536 and, if applicable, section  
26 536.028. This section and chapter 536 are nonseverable and  
27 if any of the powers vested with the general assembly  
28 pursuant to chapter 536 to review, to delay the effective  
29 date, or to disapprove and annul a rule are subsequently  
30 held unconstitutional, then the grant of rulemaking  
31 authority and any rule proposed or adopted after August 28,  
32 2013, shall be invalid and void.

33 4. For purposes of this section, "rural area of need"  
34 means any rural area of this state which is located in a  
35 health professional shortage area as defined in section  
36 354.650.]

335.203. 1. There is hereby established the "Nursing  
2 Education Incentive Program" within the state board of  
3 nursing.

4 2. Subject to appropriation and board disbursement,  
5 grants shall be awarded through the nursing education  
6 incentive program to eligible institutions of higher  
7 education based on criteria jointly determined by the board  
8 and the department of higher education and workforce  
9 development. [Grant award amounts shall not exceed one  
10 hundred fifty thousand dollars.] No campus shall receive  
11 more than one grant per year.

12 3. To be considered for a grant, an eligible  
13 institution of higher education shall offer a program of  
14 nursing that meets the predetermined category and area of  
15 need as established by the board and the department under  
16 subsection 4 of this section.

17 4. The board and the department shall determine  
18 categories and areas of need for designating grants to

19 eligible institutions of higher education. In establishing  
20 categories and areas of need, the board and department may  
21 consider criteria including, but not limited to:

22 (1) Data generated from licensure renewal data and the  
23 department of health and senior services; and

24 (2) National nursing statistical data and trends that  
25 have identified nursing shortages.

26 5. The board shall be the administrative agency  
27 responsible for implementation of the program established  
28 under sections 335.200 to 335.203, and shall promulgate  
29 reasonable rules for the exercise of its functions and the  
30 effectuation of the purposes of sections 335.200 to  
31 335.203. The board shall, by rule, prescribe the form,  
32 time, and method of filing applications and shall supervise  
33 the processing of such applications.

34 6. Any rule or portion of a rule, as that term is  
35 defined in section 536.010, that is created under the  
36 authority delegated in this section shall become effective  
37 only if it complies with and is subject to all of the  
38 provisions of chapter 536 and, if applicable, section  
39 536.028. This section and chapter 536 are nonseverable and  
40 if any of the powers vested with the general assembly  
41 pursuant to chapter 536 to review, to delay the effective  
42 date, or to disapprove and annul a rule are subsequently  
43 held unconstitutional, then the grant of rulemaking  
44 authority and any rule proposed or adopted after August 28,  
45 2011, shall be invalid and void.

**335.205. The board, in addition to any other duties it  
2 may have regarding licensure of nurses, shall collect, at  
3 the time of any initial license application or license  
4 renewal application, a nursing education incentive program  
5 surcharge from each person licensed or relicensed under this**

6 chapter, in the amount of one dollar per year for practical  
7 nurses and five dollars per year for registered professional  
8 nurses. These funds shall be deposited in the state board  
9 of nursing fund described in section 335.036.

337.510. 1. As used in this section, the following  
2 terms mean:

3 (1) "License", a license, certificate, registration,  
4 permit, accreditation, or military occupational specialty  
5 that enables a person to legally practice an occupation or  
6 profession in a particular jurisdiction;

7 (2) "Military", the Armed Forces of the United States,  
8 including the Air Force, Army, Coast Guard, Marine Corps,  
9 Navy, Space Force, National Guard and any other military  
10 branch that is designated by Congress as part of the Armed  
11 Forces of the United States, and all reserve components and  
12 auxiliaries. Such term also includes the military reserves  
13 and militia of any United States territory or state;

14 (3) "Nonresident military spouse", a nonresident  
15 spouse of an active duty member of the Armed Forces of the  
16 United States who has been transferred or is scheduled to be  
17 transferred to the state of Missouri, or who has been  
18 transferred or is scheduled to be transferred to an adjacent  
19 state and is or will be domiciled in the state of Missouri,  
20 or has moved to the state of Missouri on a permanent change-  
21 of-station basis;

22 (4) "Resident military spouse", a spouse of an active  
23 duty member of the Armed Forces of the United States who has  
24 been transferred or is scheduled to be transferred to the  
25 state of Missouri or an adjacent state and who is a  
26 permanent resident of the state of Missouri, who is  
27 domiciled in the state of Missouri, or who has Missouri as  
28 his or her home of record.

29           2. Each applicant for licensure as a professional  
30 counselor shall furnish evidence to the committee that the  
31 applicant is at least eighteen years of age, is a United  
32 States citizen or is legally present in the United States;  
33 and

34           (1) The applicant has completed a course of study as  
35 defined by the board rule leading to a master's,  
36 specialist's, or doctoral degree with a major in counseling,  
37 except any applicant who has held a license as a  
38 professional counselor in this state or currently holds a  
39 license as a professional counselor in another state shall  
40 not be required to have completed any courses related to  
41 career development; and

42           (2) The applicant has completed acceptable supervised  
43 counseling as defined by board rule. If the applicant has a  
44 master's degree with a major in counseling as defined by  
45 board rule, the applicant shall complete at least two years  
46 of acceptable supervised counseling experience subsequent to  
47 the receipt of the master's degree. The composition and  
48 number of hours comprising the acceptable supervised  
49 counseling experience shall be defined by board rule. An  
50 applicant may substitute thirty semester hours of post  
51 master's graduate study for one of the two required years of  
52 acceptable supervised counseling experience if such hours  
53 are clearly related to counseling;

54           (3) After August 28, 2007, each applicant shall have  
55 completed a minimum of three hours of graduate level  
56 coursework in diagnostic systems either in the curriculum  
57 leading to a degree or as post master's graduate level  
58 course work;

59           (4) Upon examination, the applicant is possessed of  
60 requisite knowledge of the profession, including techniques

61 and applications, research and its interpretation, and  
62 professional affairs and ethics.

63 [2. Any person holding a current license, certificate  
64 of registration, or permit from another state or territory  
65 of the United States to practice as a professional counselor  
66 who does not meet the requirements in section 324.009 and  
67 who is at least eighteen years of age, and is a United  
68 States citizen or is legally present in the United States  
69 may be granted a license without examination to engage in  
70 the practice of professional counseling in this state upon  
71 the application to the board, payment of the required fee as  
72 established by the board, and satisfying one of the  
73 following requirements:

74 (1) Approval by the American Association of State  
75 Counseling Boards (AASCB) or its successor organization  
76 according to the eligibility criteria established by AASCB.  
77 The successor organization shall be defined by board rule; or

78 (2) In good standing and currently certified by the  
79 National Board for Certified Counselors or its successor  
80 organization and has completed acceptable supervised  
81 counseling experience as defined by board rule. The  
82 successor organization shall be defined by board rule.]

83 3. (1) Any person who holds a valid current  
84 professional counselor license issued by another state, a  
85 branch or unit of the military, a territory of the United  
86 States, or the District of Columbia, and who has been  
87 licensed for at least one year in such other jurisdiction,  
88 may submit an application for a professional counselor  
89 license in Missouri along with proof of current licensure  
90 and proof of licensure for at least one year in the other  
91 jurisdiction, to the committee.

92 (2) The committee shall:

93           (a) Within six months of receiving an application  
94 described in subdivision (1) of this subsection, waive any  
95 examination, educational, or experience requirements for  
96 licensure in this state for the applicant if it determines  
97 that there were minimum education requirements and, if  
98 applicable, work experience and clinical supervision  
99 requirements in effect and the other jurisdiction verifies  
100 that the person met those requirements in order to be  
101 licensed or certified in that jurisdiction. The committee  
102 may require an applicant to take and pass an examination  
103 specific to the laws of this state; or

104           (b) Within thirty days of receiving an application  
105 described in subdivision (1) of this subsection from a  
106 nonresident military spouse or a resident military spouse,  
107 waive any examination, educational, or experience  
108 requirements for licensure in this state for the applicant  
109 and issue such applicant a license under this subsection if  
110 such applicant otherwise meets the requirements of this  
111 subsection.

112           (3) (a) The committee shall not waive any  
113 examination, educational, or experience requirements for any  
114 applicant who has had his or her license revoked by a  
115 committee outside the state; who is currently under  
116 investigation, who has a complaint pending, or who is  
117 currently under disciplinary action, except as provided in  
118 paragraph (b) of this subdivision, with a committee outside  
119 the state; who does not hold a license in good standing with  
120 a committee outside the state; who has a criminal record  
121 that would disqualify him or her for licensure in Missouri;  
122 or who does not hold a valid current license in the other  
123 jurisdiction on the date the committee receives his or her  
124 application under this subsection.

125           (b) If another jurisdiction has taken disciplinary  
126 action against an applicant, the committee shall determine  
127 if the cause for the action was corrected and the matter  
128 resolved. If the matter has not been resolved by that  
129 jurisdiction, the committee may deny a license until the  
130 matter is resolved.

131           (4) Nothing in this subsection shall prohibit the  
132 committee from denying a license to an applicant under this  
133 subsection for any reason described in section 337.525.

134           (5) Any person who is licensed under the provisions of  
135 this subsection shall be subject to the committee's  
136 jurisdiction and all rules and regulations pertaining to the  
137 practice as a licensed professional counselor in this state.

138           (6) This subsection shall not be construed to waive  
139 any requirement for an applicant to pay any fees.

140           4. The committee shall issue a license to each person  
141 who files an application and fee and who furnishes evidence  
142 satisfactory to the committee that the applicant has  
143 complied with the provisions of this act and has taken and  
144 passed a written, open-book examination on Missouri laws and  
145 regulations governing the practice of professional  
146 counseling as defined in section 337.500. The division  
147 shall issue a provisional professional counselor license to  
148 any applicant who meets all requirements of this section,  
149 but who has not completed the required acceptable supervised  
150 counseling experience and such applicant may reapply for  
151 licensure as a professional counselor upon completion of  
152 such acceptable supervised counseling experience.

153           [4.] 5. All persons licensed to practice professional  
154 counseling in this state shall pay on or before the license  
155 renewal date a renewal license fee and shall furnish to the  
156 committee satisfactory evidence of the completion of the

157 requisite number of hours of continuing education as  
158 required by rule, including two hours of suicide assessment,  
159 referral, treatment, and management training, which shall be  
160 no more than forty hours biennially. The continuing  
161 education requirements may be waived by the committee upon  
162 presentation to the committee of satisfactory evidence of  
163 the illness of the licensee or for other good cause.

**337.550. SECTION 1: PURPOSE**

2       **The purpose of this Compact is to facilitate interstate**  
3 **practice of Licensed Professional Counselors with the goal**  
4 **of improving public access to Professional Counseling**  
5 **services. The practice of Professional Counseling occurs in**  
6 **the State where the client is located at the time of the**  
7 **counseling services. The Compact preserves the regulatory**  
8 **authority of States to protect public health and safety**  
9 **through the current system of State licensure.**

10       **This Compact is designed to achieve the following**  
11 **objectives:**

12       **A. Increase public access to Professional Counseling**  
13 **services by providing for the mutual recognition of other**  
14 **Member State licenses;**

15       **B. Enhance the States' ability to protect the public's**  
16 **health and safety;**

17       **C. Encourage the cooperation of Member States in**  
18 **regulating multistate practice for Licensed Professional**  
19 **Counselors;**

20       **D. Support spouses of relocating Active Duty Military**  
21 **personnel;**

22       **E. Enhance the exchange of licensure, investigative,**  
23 **and disciplinary information among Member States;**

24 F. Allow for the use of Telehealth technology to  
25 facilitate increased access to Professional Counseling  
26 services;

27 G. Support the uniformity of Professional Counseling  
28 licensure requirements throughout the States to promote  
29 public safety and public health benefits;

30 H. Invest all Member States with the authority to hold  
31 a Licensed Professional Counselor accountable for meeting  
32 all State practice laws in the State in which the client is  
33 located at the time care is rendered through the mutual  
34 recognition of Member State licenses;

35 I. Eliminate the necessity for licenses in multiple  
36 States; and

37 J. Provide opportunities for interstate practice by  
38 Licensed Professional Counselors who meet uniform licensure  
39 requirements.

#### 40 SECTION 2. DEFINITIONS

41 As used in this Compact, and except as otherwise  
42 provided, the following definitions shall apply:

43 A. "Active Duty Military" means full-time duty status  
44 in the active uniformed service of the United States,  
45 including members of the National Guard and Reserve on  
46 active duty orders pursuant to 10 U.S.C. Chapters 1209 and  
47 1211.

48 B. "Adverse Action" means any administrative, civil,  
49 equitable or criminal action permitted by a State's laws  
50 which is imposed by a licensing board or other authority  
51 against a Licensed Professional Counselor, including actions  
52 against an individual's license or Privilege to Practice  
53 such as revocation, suspension, probation, monitoring of the  
54 licensee, limitation on the licensee's practice, or any  
55 other Encumbrance on licensure affecting a Licensed

56 Professional Counselor's authorization to practice,  
57 including issuance of a cease and desist action.

58 C. "Alternative Program" means a non-disciplinary  
59 monitoring or practice remediation process approved by a  
60 Professional Counseling Licensing Board to address Impaired  
61 Practitioners.

62 D. "Continuing Competence/Education" means a  
63 requirement, as a condition of license renewal, to provide  
64 evidence of participation in, and/or completion of,  
65 educational and professional activities relevant to practice  
66 or area of work.

67 E. "Counseling Compact Commission" or "Commission"  
68 means the national administrative body whose membership  
69 consists of all States that have enacted the Compact.

70 F. "Current Significant Investigative Information"  
71 means:

72 1. Investigative Information that a Licensing Board,  
73 after a preliminary inquiry that includes notification and  
74 an opportunity for the Licensed Professional Counselor to  
75 respond, if required by State law, has reason to believe is  
76 not groundless and, if proved true, would indicate more than  
77 a minor infraction; or

78 2. Investigative Information that indicates that the  
79 Licensed Professional Counselor represents an immediate  
80 threat to public health and safety regardless of whether the  
81 Licensed Professional Counselor has been notified and had an  
82 opportunity to respond.

83 G. "Data System" means a repository of information  
84 about Licensees, including, but not limited to, continuing  
85 education, examination, licensure, investigative, Privilege  
86 to Practice and Adverse Action information.

87           H. "Encumbered License" means a license in which an  
88 Adverse Action restricts the practice of licensed  
89 Professional Counseling by the Licensee and said Adverse  
90 Action has been reported to the National Practitioners Data  
91 Bank (NPDB).

92           I. "Encumbrance" means a revocation or suspension of,  
93 or any limitation on, the full and unrestricted practice of  
94 Licensed Professional Counseling by a Licensing Board.

95           J. "Executive Committee" means a group of directors  
96 elected or appointed to act on behalf of, and within the  
97 powers granted to them by, the Commission.

98           K. "Home State" means the Member State that is the  
99 Licensee's primary State of residence.

100           L. "Impaired Practitioner" means an individual who has  
101 a condition(s) that may impair their ability to practice as  
102 a Licensed Professional Counselor without some type of  
103 intervention and may include, but are not limited to,  
104 alcohol and drug dependence, mental health impairment, and  
105 neurological or physical impairments.

106           M. "Investigative Information" means information,  
107 records, and documents received or generated by a  
108 Professional Counseling Licensing Board pursuant to an  
109 investigation.

110           N. "Jurisprudence Requirement" if required by a Member  
111 State, means the assessment of an individual's knowledge of  
112 the laws and Rules governing the practice of Professional  
113 Counseling in a State.

114           O. "Licensed Professional Counselor" means a counselor  
115 licensed by a Member State, regardless of the title used by  
116 that State, to independently assess, diagnose, and treat  
117 behavioral health conditions.

118 P. "Licensee" means an individual who currently holds  
119 an authorization from the State to practice as a Licensed  
120 Professional Counselor.

121 Q. "Licensing Board" means the agency of a State, or  
122 equivalent, that is responsible for the licensing and  
123 regulation of Licensed Professional Counselors.

124 R. "Member State" means a State that has enacted the  
125 Compact.

126 S. "Privilege to Practice" means a legal  
127 authorization, which is equivalent to a license, permitting  
128 the practice of Professional Counseling in a Remote State.

129 T. "Professional Counseling" means the assessment,  
130 diagnosis, and treatment of behavioral health conditions by  
131 a Licensed Professional Counselor.

132 U. "Remote State" means a Member State other than the  
133 Home State, where a Licensee is exercising or seeking to  
134 exercise the Privilege to Practice.

135 V. "Rule" means a regulation promulgated by the  
136 Commission that has the force of law.

137 W. "Single State License" means a Licensed  
138 Professional Counselor license issued by a Member State that  
139 authorizes practice only within the issuing State and does  
140 not include a Privilege to Practice in any other Member  
141 State.

142 X. "State" means any state, commonwealth, district, or  
143 territory of the United States of America that regulates the  
144 practice of Professional Counseling.

145 Y. "Telehealth" means the application of  
146 telecommunication technology to deliver Professional  
147 Counseling services remotely to assess, diagnose, and treat  
148 behavioral health conditions.

149           Z. "Unencumbered License" means a license that  
150 authorizes a Licensed Professional Counselor to engage in  
151 the full and unrestricted practice of Professional  
152 Counseling.

153           SECTION 3. STATE PARTICIPATION IN THE COMPACT

154           A. To Participate in the Compact, a State must  
155 currently:

156           1. License and regulate Licensed Professional  
157 Counselors;

158           2. Require Licensees to pass a nationally recognized  
159 exam approved by the Commission;

160           3. Require Licensees to have a 60 semester-hour (or 90  
161 quarter-hour) master's degree in counseling or 60 semester-  
162 hours (or 90 quarter-hours) of graduate course work  
163 including the following topic areas:

164           a. Professional Counseling Orientation and Ethical  
165 Practice;

166           b. Social and Cultural Diversity;

167           c. Human Growth and Development;

168           d. Career Development;

169           e. Counseling and Helping Relationships;

170           f. Group Counseling and Group Work;

171           g. Diagnosis and Treatment; Assessment and Testing;

172           h. Research and Program Evaluation; and

173           i. Other areas as determined by the Commission.

174           4. Require Licensees to complete a supervised  
175 postgraduate professional experience as defined by the  
176 Commission;

177           5. Have a mechanism in place for receiving and  
178 investigating complaints about Licensees.

179           B. A Member State shall:

180           1. Participate fully in the Commission's Data System,  
181 including using the Commission's unique identifier as  
182 defined in Rules;

183           2. Notify the Commission, in compliance with the terms  
184 of the Compact and Rules, of any Adverse Action or the  
185 availability of Investigative Information regarding a  
186 Licensee;

187           3. Implement or utilize procedures for considering the  
188 criminal history records of applicants for an initial  
189 Privilege to Practice. These procedures shall include the  
190 submission of fingerprints or other biometric-based  
191 information by applicants for the purpose of obtaining an  
192 applicant's criminal history record information from the  
193 Federal Bureau of Investigation and the agency responsible  
194 for retaining that State's criminal records;

195           a. A member state must fully implement a criminal  
196 background check requirement, within a time frame  
197 established by rule, by receiving the results of the Federal  
198 Bureau of Investigation record search and shall use the  
199 results in making licensure decisions.

200           b. Communication between a Member State, the  
201 Commission and among Member States regarding the  
202 verification of eligibility for licensure through the  
203 Compact shall not include any information received from the  
204 Federal Bureau of Investigation relating to a federal  
205 criminal records check performed by a Member State under  
206 Public Law 92-544.

207           4. Comply with the Rules of the Commission;

208           5. Require an applicant to obtain or retain a license  
209 in the Home State and meet the Home State's qualifications  
210 for licensure or renewal of licensure, as well as all other  
211 applicable State laws;

212           6. Grant the Privilege to Practice to a Licensee  
213 holding a valid Unencumbered License in another Member State  
214 in accordance with the terms of the Compact and Rules; and

215           7. Provide for the attendance of the State's  
216 commissioner to the Counseling Compact Commission meetings.

217           C. Member States may charge a fee for granting the  
218 Privilege to Practice.

219           D. Individuals not residing in a Member State shall  
220 continue to be able to apply for a Member State's Single  
221 State License as provided under the laws of each Member  
222 State. However, the Single State License granted to these  
223 individuals shall not be recognized as granting a Privilege  
224 to Practice Professional Counseling in any other Member  
225 State.

226           E. Nothing in this Compact shall affect the  
227 requirements established by a Member State for the issuance  
228 of a Single State License.

229           F. A license issued to a Licensed Professional  
230 Counselor by a Home State to a resident in that State shall  
231 be recognized by each Member State as authorizing a Licensed  
232 Professional Counselor to practice Professional Counseling,  
233 under a Privilege to Practice, in each Member State.

234           SECTION 4. PRIVILEGE TO PRACTICE

235           A. To exercise the Privilege to Practice under the  
236 terms and provisions of the Compact, the Licensee shall:

237           1. Hold a license in the Home State;

238           2. Have a valid United States Social Security Number  
239 or National Practitioner Identifier;

240           3. Be eligible for a Privilege to Practice in any  
241 Member State in accordance with Section 4(D), (G) and (H);

242           4. Have not had any Encumbrance or restriction against  
243 any license or Privilege to Practice within the previous two  
244 (2) years;

245           5. Notify the Commission that the Licensee is seeking  
246 the Privilege to Practice within a Remote State(s);

247           6. Pay any applicable fees, including any State fee,  
248 for the Privilege to Practice;

249           7. Meet any Continuing Competence/Education  
250 requirements established by the Home State;

251           8. Meet any Jurisprudence Requirements established by  
252 the Remote State(s) in which the Licensee is seeking a  
253 Privilege to Practice; and

254           9. Report to the Commission any Adverse Action,  
255 Encumbrance, or restriction on license taken by any non-  
256 Member State within 30 days from the date the action is  
257 taken.

258           B. The Privilege to Practice is valid until the  
259 expiration date of the Home State license. The Licensee  
260 must comply with the requirements of Section 4(A) to  
261 maintain the Privilege to Practice in the Remote State.

262           C. A Licensee providing Professional Counseling in a  
263 Remote State under the Privilege to Practice shall adhere to  
264 the laws and regulations of the Remote State.

265           D. A Licensee providing Professional Counseling  
266 services in a Remote State is subject to that State's  
267 regulatory authority. A Remote State may, in accordance  
268 with due process and that State's laws, remove a Licensee's  
269 Privilege to Practice in the Remote State for a specific  
270 period of time, impose fines, and/or take any other  
271 necessary actions to protect the health and safety of its  
272 citizens. The Licensee may be ineligible for a Privilege to

273 Practice in any Member State until the specific time for  
274 removal has passed and all fines are paid.

275 E. If a Home State license is encumbered, the Licensee  
276 shall lose the Privilege to Practice in any Remote State  
277 until the following occur:

278 1. The Home State license is no longer encumbered; and  
279 2. Have not had any Encumbrance or restriction against  
280 any license or Privilege to Practice within the previous two  
281 (2) years.

282 F. Once an Encumbered License in the Home State is  
283 restored to good standing, the Licensee must meet the  
284 requirements of Section 4(A) to obtain a Privilege to  
285 Practice in any Remote State.

286 G. If a Licensee's Privilege to Practice in any Remote  
287 State is removed, the individual may lose the Privilege to  
288 Practice in all other Remote States until the following  
289 occur:

290 1. The specific period of time for which the Privilege  
291 to Practice was removed has ended;

292 2. All fines have been paid; and

293 3. Have not had any Encumbrance or restriction against  
294 any license or Privilege to Practice within the previous two  
295 (2) years.

296 H. Once the requirements of Section 4(G) have been  
297 met, the Licensee must meet the requirements in Section 4(A)  
298 to obtain a Privilege to Practice in a Remote State.

299 SECTION 5: OBTAINING A NEW HOME STATE LICENSE BASED ON  
300 A PRIVILEGE TO PRACTICE

301 A. A Licensed Professional Counselor may hold a Home  
302 State license, which allows for a Privilege to Practice in  
303 other Member States, in only one Member State at a time.

304           B. If a Licensed Professional Counselor changes  
305 primary State of residence by moving between two Member  
306 States:

307           1. The Licensed Professional Counselor shall file an  
308 application for obtaining a new Home State license based on  
309 a Privilege to Practice, pay all applicable fees, and notify  
310 the current and new Home State in accordance with applicable  
311 Rules adopted by the Commission.

312           2. Upon receipt of an application for obtaining a new  
313 Home State license by virtue of a Privilege to Practice, the  
314 new Home State shall verify that the Licensed Professional  
315 Counselor meets the pertinent criteria outlined in Section 4  
316 via the Data System, without need for primary source  
317 verification except for:

318           a. a Federal Bureau of Investigation fingerprint based  
319 criminal background check if not previously performed or  
320 updated pursuant to applicable rules adopted by the  
321 Commission in accordance with Public Law 92-544;

322           b. other criminal background check as required by the  
323 new Home State; and

324           c. completion of any requisite Jurisprudence  
325 Requirements of the new Home State.

326           3. The former Home State shall convert the former Home  
327 State license into a Privilege to Practice once the new Home  
328 State has activated the new Home State license in accordance  
329 with applicable Rules adopted by the Commission.

330           4. Notwithstanding any other provision of this  
331 Compact, if the Licensed Professional Counselor cannot meet  
332 the criteria in Section 4, the new Home State may apply its  
333 requirements for issuing a new Single State License.

334           5. The Licensed Professional Counselor shall pay all  
335 applicable fees to the new Home State in order to be issued  
336 a new Home State license.

337           C. If a Licensed Professional Counselor changes  
338 Primary State of Residence by moving from a Member State to  
339 a non-Member State, or from a non-Member State to a Member  
340 State, the State criteria shall apply for issuance of a  
341 Single State License in the new State.

342           D. Nothing in this Compact shall interfere with a  
343 Licensee's ability to hold a Single State License in  
344 multiple States, however for the purposes of this Compact, a  
345 Licensee shall have only one Home State license.

346           E. Nothing in this Compact shall affect the  
347 requirements established by a Member State for the issuance  
348 of a Single State License.

349           SECTION 6. ACTIVE DUTY MILITARY PERSONNEL OR THEIR  
350 SPOUSES

351           Active Duty Military personnel, or their spouse, shall  
352 designate a Home State where the individual has a current  
353 license in good standing. The individual may retain the  
354 Home State designation during the period the service member  
355 is on active duty. Subsequent to designating a Home State,  
356 the individual shall only change their Home State through  
357 application for licensure in the new State, or through the  
358 process outlined in Section 5.

359           SECTION 7. COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

360           A. Member States shall recognize the right of a  
361 Licensed Professional Counselor, licensed by a Home State in  
362 accordance with Section 3 and under Rules promulgated by the  
363 Commission, to practice Professional Counseling in any  
364 Member State via Telehealth under a Privilege to Practice as

365 provided in the Compact and Rules promulgated by the  
366 Commission.

367 B. A Licensee providing Professional Counseling  
368 services in a Remote State under the Privilege to Practice  
369 shall adhere to the laws and regulations of the Remote State.

370 SECTION 8. ADVERSE ACTIONS

371 A. In addition to the other powers conferred by State  
372 law, a Remote State shall have the authority, in accordance  
373 with existing State due process law, to:

374 1. Take Adverse Action against a Licensed Professional  
375 Counselor's Privilege to Practice within that Member State,  
376 and

377 2. Issue subpoenas for both hearings and  
378 investigations that require the attendance and testimony of  
379 witnesses as well as the production of evidence. Subpoenas  
380 issued by a Licensing Board in a Member State for the  
381 attendance and testimony of witnesses or the production of  
382 evidence from another Member State shall be enforced in the  
383 latter State by any court of competent jurisdiction,  
384 according to the practice and procedure of that court  
385 applicable to subpoenas issued in proceedings pending before  
386 it. The issuing authority shall pay any witness fees,  
387 travel expenses, mileage, and other fees required by the  
388 service statutes of the State in which the witnesses or  
389 evidence are located.

390 3. Only the Home State shall have the power to take  
391 Adverse Action against a Licensed Professional Counselor's  
392 license issued by the Home State.

393 B. For purposes of taking Adverse Action, the Home  
394 State shall give the same priority and effect to reported  
395 conduct received from a Member State as it would if the  
396 conduct had occurred within the Home State. In so doing,

397 the Home State shall apply its own State laws to determine  
398 appropriate action.

399 C. The Home State shall complete any pending  
400 investigations of a Licensed Professional Counselor who  
401 changes primary State of residence during the course of the  
402 investigations. The Home State shall also have the  
403 authority to take appropriate action(s) and shall promptly  
404 report the conclusions of the investigations to the  
405 administrator of the Data System. The administrator of the  
406 coordinated licensure information system shall promptly  
407 notify the new Home State of any Adverse Actions.

408 D. A Member State, if otherwise permitted by State  
409 law, may recover from the affected Licensed Professional  
410 Counselor the costs of investigations and dispositions of  
411 cases resulting from any Adverse Action taken against that  
412 Licensed Professional Counselor.

413 E. A Member State may take Adverse Action based on the  
414 factual findings of the Remote State, provided that the  
415 Member State follows its own procedures for taking the  
416 Adverse Action.

417 F. Joint Investigations:

418 1. In addition to the authority granted to a Member  
419 State by its respective Professional Counseling practice act  
420 or other applicable State law, any Member State may  
421 participate with other Member States in joint investigations  
422 of Licensees.

423 2. Member States shall share any investigative,  
424 litigation, or compliance materials in furtherance of any  
425 joint or individual investigation initiated under the  
426 Compact.

427 G. If Adverse Action is taken by the Home State  
428 against the license of a Licensed Professional Counselor,

429 the Licensed Professional Counselor's Privilege to Practice  
430 in all other Member States shall be deactivated until all  
431 Encumbrances have been removed from the State license. All  
432 Home State disciplinary orders that impose Adverse Action  
433 against the license of a Licensed Professional Counselor  
434 shall include a Statement that the Licensed Professional  
435 Counselor's Privilege to Practice is deactivated in all  
436 Member States during the pendency of the order.

437 H. If a Member State takes Adverse Action, it shall  
438 promptly notify the administrator of the Data System. The  
439 administrator of the Data System shall promptly notify the  
440 Home State of any Adverse Actions by Remote States.

441 I. Nothing in this Compact shall override a Member  
442 State's decision that participation in an Alternative  
443 Program may be used in lieu of Adverse Action.

444 SECTION 9. ESTABLISHMENT OF COUNSELING COMPACT  
445 COMMISSION

446 A. The Compact Member States hereby create and  
447 establish a joint public agency known as the Counseling  
448 Compact Commission:

449 1. The Commission is an instrumentality of the Compact  
450 States.

451 2. Venue is proper and judicial proceedings by or  
452 against the Commission shall be brought solely and  
453 exclusively in a court of competent jurisdiction where the  
454 principal office of the Commission is located. The  
455 Commission may waive venue and jurisdictional defenses to  
456 the extent it adopts or consents to participate in  
457 alternative dispute resolution proceedings.

458 3. Nothing in this Compact shall be construed to be a  
459 waiver of sovereign immunity.

460 B. Membership, Voting, and Meetings

461           1. Each Member State shall have and be limited to one  
462 (1) delegate selected by that Member State's Licensing Board.

463           2. The delegate shall be either:

464           a. A current member of the Licensing Board at the time  
465 of appointment, who is a Licensed Professional Counselor or  
466 public member; or

467           b. An administrator of the Licensing Board.

468           3. Any delegate may be removed or suspended from  
469 office as provided by the law of the State from which the  
470 delegate is appointed.

471           4. The Member State Licensing Board shall fill any  
472 vacancy occurring on the Commission within 60 days.

473           5. Each delegate shall be entitled to one (1) vote  
474 with regard to the promulgation of Rules and creation of  
475 bylaws and shall otherwise have an opportunity to  
476 participate in the business and affairs of the Commission.

477           6. A delegate shall vote in person or by such other  
478 means as provided in the bylaws. The bylaws may provide for  
479 delegates' participation in meetings by telephone or other  
480 means of communication.

481           7. The Commission shall meet at least once during each  
482 calendar year. Additional meetings shall be held as set  
483 forth in the bylaws.

484           8. The Commission shall by Rule establish a term of  
485 office for delegates and may by Rule establish term limits.

486           C. The Commission shall have the following powers and  
487 duties:

488           1. Establish the fiscal year of the Commission;

489           2. Establish bylaws;

490           3. Maintain its financial records in accordance with  
491 the bylaws;

492           4. Meet and take such actions as are consistent with  
493 the provisions of this Compact and the bylaws;

494           5. Promulgate Rules which shall be binding to the  
495 extent and in the manner provided for in the Compact;

496           6. Bring and prosecute legal proceedings or actions in  
497 the name of the Commission, provided that the standing of  
498 any State Licensing Board to sue or be sued under applicable  
499 law shall not be affected;

500           7. Purchase and maintain insurance and bonds;

501           8. Borrow, accept, or contract for services of  
502 personnel, including, but not limited to, employees of a  
503 Member State;

504           9. Hire employees, elect or appoint officers, fix  
505 compensation, define duties, grant such individuals  
506 appropriate authority to carry out the purposes of the  
507 Compact, and establish the Commission's personnel policies  
508 and programs relating to conflicts of interest,  
509 qualifications of personnel, and other related personnel  
510 matters;

511           10. Accept any and all appropriate donations and  
512 grants of money, equipment, supplies, materials, and  
513 services, and to receive, utilize, and dispose of the same;  
514 provided that at all times the Commission shall avoid any  
515 appearance of impropriety and/or conflict of interest;

516           11. Lease, purchase, accept appropriate gifts or  
517 donations of, or otherwise to own, hold, improve or use, any  
518 property, real, personal or mixed; provided that at all  
519 times the Commission shall avoid any appearance of  
520 impropriety;

521           12. Sell, convey, mortgage, pledge, lease, exchange,  
522 abandon, or otherwise dispose of any property real,  
523 personal, or mixed;

524           13. Establish a budget and make expenditures;  
525           14. Borrow money;  
526           15. Appoint committees, including standing committees  
527 composed of members, State regulators, State legislators or  
528 their representatives, and consumer representatives, and  
529 such other interested persons as may be designated in this  
530 Compact and the bylaws;

531           16. Provide and receive information from, and  
532 cooperate with, law enforcement agencies;

533           17. Establish and elect an Executive Committee; and

534           18. Perform such other functions as may be necessary  
535 or appropriate to achieve the purposes of this Compact  
536 consistent with the State regulation of Professional  
537 Counseling licensure and practice.

538           D. The Executive Committee

539           1. The Executive Committee shall have the power to act  
540 on behalf of the Commission according to the terms of this  
541 Compact.

542           2. The Executive Committee shall be composed of up to  
543 eleven (11) members:

544           a. Seven voting members who are elected by the  
545 Commission from the current membership of the Commission; and

546           b. Up to four (4) ex-officio, nonvoting members from  
547 four (4) recognized national professional counselor  
548 organizations.

549           c. The ex-officio members will be selected by their  
550 respective organizations.

551           3. The Commission may remove any member of the  
552 Executive Committee as provided in bylaws.

553           4. The Executive Committee shall meet at least  
554 annually.

555           5. The Executive Committee shall have the following  
556 duties and responsibilities:

557           a. Recommend to the entire Commission changes to the  
558 Rules or bylaws, changes to this Compact legislation, fees  
559 paid by Compact Member States such as annual dues, and any  
560 Commission Compact fee charged to Licensees for the  
561 Privilege to Practice;

562           b. Ensure Compact administration services are  
563 appropriately provided, contractual or otherwise;

564           c. Prepare and recommend the budget;

565           d. Maintain financial records on behalf of the  
566 Commission;

567           e. Monitor Compact compliance of Member States and  
568 provide compliance reports to the Commission;

569           f. Establish additional committees as necessary; and

570           g. Other duties as provided in Rules or bylaws.

571           E. Meetings of the Commission

572           1. All meetings shall be open to the public, and  
573 public notice of meetings shall be given in the same manner  
574 as required under the Rulemaking provisions in Section 11.

575           2. The Commission or the Executive Committee or other  
576 committees of the Commission may convene in a closed, non-  
577 public meeting if the Commission or Executive Committee or  
578 other committees of the Commission must discuss:

579           a. Non-compliance of a Member State with its  
580 obligations under the Compact;

581           b. The employment, compensation, discipline or other  
582 matters, practices or procedures related to specific  
583 employees or other matters related to the Commission's  
584 internal personnel practices and procedures;

585           c. Current, threatened, or reasonably anticipated  
586 litigation;

- 587           d. Negotiation of contracts for the purchase, lease,  
588 or sale of goods, services, or real estate;
- 589           e. Accusing any person of a crime or formally  
590 censuring any person;
- 591           f. Disclosure of trade secrets or commercial or  
592 financial information that is privileged or confidential;
- 593           g. Disclosure of information of a personal nature  
594 where disclosure would constitute a clearly unwarranted  
595 invasion of personal privacy;
- 596           h. Disclosure of investigative records compiled for  
597 law enforcement purposes;
- 598           i. Disclosure of information related to any  
599 investigative reports prepared by or on behalf of or for use  
600 of the Commission or other committee charged with  
601 responsibility of investigation or determination of  
602 compliance issues pursuant to the Compact; or
- 603           j. Matters specifically exempted from disclosure by  
604 federal or Member State statute.
- 605           3. If a meeting, or portion of a meeting, is closed  
606 pursuant to this provision, the Commission's legal counsel  
607 or designee shall certify that the meeting may be closed and  
608 shall reference each relevant exempting provision.
- 609           4. The Commission shall keep minutes that fully and  
610 clearly describe all matters discussed in a meeting and  
611 shall provide a full and accurate summary of actions taken,  
612 and the reasons therefore, including a description of the  
613 views expressed. All documents considered in connection  
614 with an action shall be identified in such minutes. All  
615 minutes and documents of a closed meeting shall remain under  
616 seal, subject to release by a majority vote of the  
617 Commission or order of a court of competent jurisdiction.
- 618           F. Financing of the Commission

619           1. The Commission shall pay, or provide for the  
620 payment of, the reasonable expenses of its establishment,  
621 organization, and ongoing activities.

622           2. The Commission may accept any and all appropriate  
623 revenue sources, donations, and grants of money, equipment,  
624 supplies, materials, and services.

625           3. The Commission may levy on and collect an annual  
626 assessment from each Member State or impose fees on other  
627 parties to cover the cost of the operations and activities  
628 of the Commission and its staff, which must be in a total  
629 amount sufficient to cover its annual budget as approved  
630 each year for which revenue is not provided by other  
631 sources. The aggregate annual assessment amount shall be  
632 allocated based upon a formula to be determined by the  
633 Commission, which shall promulgate a Rule binding upon all  
634 Member States.

635           4. The Commission shall not incur obligations of any  
636 kind prior to securing the funds adequate to meet the same;  
637 nor shall the Commission pledge the credit of any of the  
638 Member States, except by and with the authority of the  
639 Member State.

640           5. The Commission shall keep accurate accounts of all  
641 receipts and disbursements. The receipts and disbursements  
642 of the Commission shall be subject to the audit and  
643 accounting procedures established under its bylaws.  
644 However, all receipts and disbursements of funds handled by  
645 the Commission shall be audited yearly by a certified or  
646 licensed public accountant, and the report of the audit  
647 shall be included in and become part of the annual report of  
648 the Commission.

649           G. Qualified Immunity, Defense, and Indemnification

650           1. The members, officers, executive director,  
651 employees and representatives of the Commission shall be  
652 immune from suit and liability, either personally or in  
653 their official capacity, for any claim for damage to or loss  
654 of property or personal injury or other civil liability  
655 caused by or arising out of any actual or alleged act, error  
656 or omission that occurred, or that the person against whom  
657 the claim is made had a reasonable basis for believing  
658 occurred within the scope of Commission employment, duties  
659 or responsibilities; provided that nothing in this paragraph  
660 shall be construed to protect any such person from suit  
661 and/or liability for any damage, loss, injury, or liability  
662 caused by the intentional or willful or wanton misconduct of  
663 that person.

664           2. The Commission shall defend any member, officer,  
665 executive director, employee or representative of the  
666 Commission in any civil action seeking to impose liability  
667 arising out of any actual or alleged act, error, or omission  
668 that occurred within the scope of Commission employment,  
669 duties, or responsibilities, or that the person against whom  
670 the claim is made had a reasonable basis for believing  
671 occurred within the scope of Commission employment, duties,  
672 or responsibilities; provided that nothing herein shall be  
673 construed to prohibit that person from retaining his or her  
674 own counsel; and provided further, that the actual or  
675 alleged act, error, or omission did not result from that  
676 person's intentional or willful or wanton misconduct.

677           3. The Commission shall indemnify and hold harmless  
678 any member, officer, executive director, employee, or  
679 representative of the Commission for the amount of any  
680 settlement or judgment obtained against that person arising  
681 out of any actual or alleged act, error, or omission that

682 occurred within the scope of Commission employment, duties,  
683 or responsibilities, or that such person had a reasonable  
684 basis for believing occurred within the scope of Commission  
685 employment, duties, or responsibilities, provided that the  
686 actual or alleged act, error, or omission did not result  
687 from the intentional or willful or wanton misconduct of that  
688 person.

689 SECTION 10. DATA SYSTEM

690 A. The Commission shall provide for the development,  
691 maintenance, operation, and utilization of a coordinated  
692 database and reporting system containing licensure, Adverse  
693 Action, and Investigative Information on all licensed  
694 individuals in Member States.

695 B. Notwithstanding any other provision of State law to  
696 the contrary, a Member State shall submit a uniform data set  
697 to the Data System on all individuals to whom this Compact  
698 is applicable as required by the Rules of the Commission,  
699 including:

- 700 1. Identifying information;
- 701 2. Licensure data;
- 702 3. Adverse Actions against a license or Privilege to  
703 Practice;
- 704 4. Non-confidential information related to Alternative  
705 Program participation;
- 706 5. Any denial of application for licensure, and the  
707 reason(s) for such denial;
- 708 6. Current Significant Investigative Information; and
- 709 7. Other information that may facilitate the  
710 administration of this Compact, as determined by the Rules  
711 of the Commission.

712 C. Investigative Information pertaining to a Licensee  
713 in any Member State will only be available to other Member  
714 States.

715 D. The Commission shall promptly notify all Member  
716 States of any Adverse Action taken against a Licensee or an  
717 individual applying for a license. Adverse Action  
718 information pertaining to a Licensee in any Member State  
719 will be available to any other Member State.

720 E. Member States contributing information to the Data  
721 System may designate information that may not be shared with  
722 the public without the express permission of the  
723 contributing State.

724 F. Any information submitted to the Data System that  
725 is subsequently required to be expunged by the laws of the  
726 Member State contributing the information shall be removed  
727 from the Data System.

728 SECTION 11. RULEMAKING

729 A. The Commission shall promulgate reasonable Rules in  
730 order to effectively and efficiently achieve the purpose of  
731 the Compact. Notwithstanding the foregoing, in the event  
732 the Commission exercises its Rulemaking authority in a  
733 manner that is beyond the scope of the purposes of the  
734 Compact, or the powers granted hereunder, then such an  
735 action by the Commission shall be invalid and have no force  
736 or effect.

737 B. The Commission shall exercise its Rulemaking powers  
738 pursuant to the criteria set forth in this Section and the  
739 Rules adopted thereunder. Rules and amendments shall become  
740 binding as of the date specified in each Rule or amendment.

741 C. If a majority of the legislatures of the Member  
742 States rejects a Rule, by enactment of a statute or  
743 resolution in the same manner used to adopt the Compact

744 within four (4) years of the date of adoption of the Rule,  
745 then such Rule shall have no further force and effect in any  
746 Member State.

747 D. Rules or amendments to the Rules shall be adopted  
748 at a regular or special meeting of the Commission.

749 E. Prior to promulgation and adoption of a final Rule  
750 or Rules by the Commission, and at least thirty (30) days in  
751 advance of the meeting at which the Rule will be considered  
752 and voted upon, the Commission shall file a Notice of  
753 Proposed Rulemaking:

754 1. On the website of the Commission or other publicly  
755 accessible platform; and

756 2. On the website of each Member State Professional  
757 Counseling Licensing Board or other publicly accessible  
758 platform or the publication in which each State would  
759 otherwise publish proposed Rules.

760 F. The Notice of Proposed Rulemaking shall include:

761 1. The proposed time, date, and location of the  
762 meeting in which the Rule will be considered and voted upon;

763 2. The text of the proposed Rule or amendment and the  
764 reason for the proposed Rule;

765 3. A request for comments on the proposed Rule from  
766 any interested person; and

767 4. The manner in which interested persons may submit  
768 notice to the Commission of their intention to attend the  
769 public hearing and any written comments.

770 G. Prior to adoption of a proposed Rule, the  
771 Commission shall allow persons to submit written data,  
772 facts, opinions, and arguments, which shall be made  
773 available to the public.

774 H. The Commission shall grant an opportunity for a  
775 public hearing before it adopts a Rule or amendment if a  
776 hearing is requested by:

777 1. At least twenty-five (25) persons;

778 2. A State or federal governmental subdivision or  
779 agency; or

780 3. An association having at least twenty-five (25)  
781 members.

782 I. If a hearing is held on the proposed Rule or  
783 amendment, the Commission shall publish the place, time, and  
784 date of the scheduled public hearing. If the hearing is  
785 held via electronic means, the Commission shall publish the  
786 mechanism for access to the electronic hearing.

787 1. All persons wishing to be heard at the hearing  
788 shall notify the executive director of the Commission or  
789 other designated member in writing of their desire to appear  
790 and testify at the hearing not less than five (5) business  
791 days before the scheduled date of the hearing.

792 2. Hearings shall be conducted in a manner providing  
793 each person who wishes to comment a fair and reasonable  
794 opportunity to comment orally or in writing.

795 3. All hearings will be recorded. A copy of the  
796 recording will be made available on request.

797 4. Nothing in this section shall be construed as  
798 requiring a separate hearing on each Rule. Rules may be  
799 grouped for the convenience of the Commission at hearings  
800 required by this section.

801 J. Following the scheduled hearing date, or by the  
802 close of business on the scheduled hearing date if the  
803 hearing was not held, the Commission shall consider all  
804 written and oral comments received.

805           K. If no written notice of intent to attend the public  
806 hearing by interested parties is received, the Commission  
807 may proceed with promulgation of the proposed Rule without a  
808 public hearing.

809           L. The Commission shall, by majority vote of all  
810 members, take final action on the proposed Rule and shall  
811 determine the effective date of the Rule, if any, based on  
812 the Rulemaking record and the full text of the Rule.

813           M. Upon determination that an emergency exists, the  
814 Commission may consider and adopt an emergency Rule without  
815 prior notice, opportunity for comment, or hearing, provided  
816 that the usual Rulemaking procedures provided in the Compact  
817 and in this section shall be retroactively applied to the  
818 Rule as soon as reasonably possible, in no event later than  
819 ninety (90) days after the effective date of the Rule. For  
820 the purposes of this provision, an emergency Rule is one  
821 that must be adopted immediately in order to:

822           1. Meet an imminent threat to public health, safety,  
823 or welfare;

824           2. Prevent a loss of Commission or Member State funds;

825           3. Meet a deadline for the promulgation of an  
826 administrative Rule that is established by federal law or  
827 Rule; or

828           4. Protect public health and safety.

829           N. The Commission or an authorized committee of the  
830 Commission may direct revisions to a previously adopted Rule  
831 or amendment for purposes of correcting typographical  
832 errors, errors in format, errors in consistency, or  
833 grammatical errors. Public notice of any revisions shall be  
834 posted on the website of the Commission. The revision shall  
835 be subject to challenge by any person for a period of thirty  
836 (30) days after posting. The revision may be challenged

837 only on grounds that the revision results in a material  
838 change to a Rule. A challenge shall be made in writing and  
839 delivered to the chair of the Commission prior to the end of  
840 the notice period. If no challenge is made, the revision  
841 will take effect without further action. If the revision is  
842 challenged, the revision may not take effect without the  
843 approval of the Commission.

844 SECTION 12. OVERSIGHT, DISPUTE RESOLUTION, AND  
845 ENFORCEMENT

846 A. Oversight

847 1. The executive, legislative, and judicial branches  
848 of State government in each Member State shall enforce this  
849 Compact and take all actions necessary and appropriate to  
850 effectuate the Compact's purposes and intent. The  
851 provisions of this Compact and the Rules promulgated  
852 hereunder shall have standing as statutory law.

853 2. All courts shall take judicial notice of the  
854 Compact and the Rules in any judicial or administrative  
855 proceeding in a Member State pertaining to the subject  
856 matter of this Compact which may affect the powers,  
857 responsibilities, or actions of the Commission.

858 3. The Commission shall be entitled to receive service  
859 of process in any such proceeding and shall have standing to  
860 intervene in such a proceeding for all purposes. Failure to  
861 provide service of process to the Commission shall render a  
862 judgment or order void as to the Commission, this Compact,  
863 or promulgated Rules.

864 B. Default, Technical Assistance, and Termination

865 1. If the Commission determines that a Member State  
866 has defaulted in the performance of its obligations or  
867 responsibilities under this Compact or the promulgated  
868 Rules, the Commission shall:

869           a. Provide written notice to the defaulting State and  
870 other Member States of the nature of the default, the  
871 proposed means of curing the default and/or any other action  
872 to be taken by the Commission; and

873           b. Provide remedial training and specific technical  
874 assistance regarding the default.

875           c. If a State in default fails to cure the default,  
876 the defaulting State may be terminated from the Compact upon  
877 an affirmative vote of a majority of the Member States, and  
878 all rights, privileges and benefits conferred by this  
879 Compact may be terminated on the effective date of  
880 termination. A cure of the default does not relieve the  
881 offending State of obligations or liabilities incurred  
882 during the period of default.

883           d. Termination of membership in the Compact shall be  
884 imposed only after all other means of securing compliance  
885 have been exhausted. Notice of intent to suspend or  
886 terminate shall be given by the Commission to the governor,  
887 the majority and minority leaders of the defaulting State's  
888 legislature, and each of the Member States.

889           e. A State that has been terminated is responsible for  
890 all assessments, obligations, and liabilities incurred  
891 through the effective date of termination, including  
892 obligations that extend beyond the effective date of  
893 termination.

894           f. The Commission shall not bear any costs related to  
895 a State that is found to be in default or that has been  
896 terminated from the Compact, unless agreed upon in writing  
897 between the Commission and the defaulting State.

898           g. The defaulting State may appeal the action of the  
899 Commission by petitioning the U.S. District Court for the  
900 District of Columbia or the federal district where the

901 Commission has its principal offices. The prevailing member  
902 shall be awarded all costs of such litigation, including  
903 reasonable attorney's fees.

904 H. Dispute Resolution

905 1. Upon request by a Member State, the Commission  
906 shall attempt to resolve disputes related to the Compact  
907 that arise among Member States and between member and non-  
908 Member States.

909 2. The Commission shall promulgate a Rule providing  
910 for both mediation and binding dispute resolution for  
911 disputes as appropriate.

912 I. Enforcement

913 1. The Commission, in the reasonable exercise of its  
914 discretion, shall enforce the provisions and Rules of this  
915 Compact.

916 2. By majority vote, the Commission may initiate legal  
917 action in the United States District Court for the District  
918 of Columbia or the federal district where the Commission has  
919 its principal offices against a Member State in default to  
920 enforce compliance with the provisions of the Compact and  
921 its promulgated Rules and bylaws. The relief sought may  
922 include both injunctive relief and damages. In the event  
923 judicial enforcement is necessary, the prevailing member  
924 shall be awarded all costs of such litigation, including  
925 reasonable attorney's fees.

926 3. The remedies herein shall not be the exclusive  
927 remedies of the Commission. The Commission may pursue any  
928 other remedies available under federal or State law.

929 SECTION 13. DATE OF IMPLEMENTATION OF THE COUNSELING  
930 COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND  
931 AMENDMENT

932           A. The Compact shall come into effect on the date on  
933 which the Compact statute is enacted into law in the tenth  
934 Member State. The provisions, which become effective at  
935 that time, shall be limited to the powers granted to the  
936 Commission relating to assembly and the promulgation of  
937 Rules. Thereafter, the Commission shall meet and exercise  
938 Rulemaking powers necessary to the implementation and  
939 administration of the Compact.

940           B. Any State that joins the Compact subsequent to the  
941 Commission's initial adoption of the Rules shall be subject  
942 to the Rules as they exist on the date on which the Compact  
943 becomes law in that State. Any Rule that has been  
944 previously adopted by the Commission shall have the full  
945 force and effect of law on the day the Compact becomes law  
946 in that State.

947           C. Any Member State may withdraw from this Compact by  
948 enacting a statute repealing the same.

949           1. A Member State's withdrawal shall not take effect  
950 until six (6) months after enactment of the repealing  
951 statute.

952           2. Withdrawal shall not affect the continuing  
953 requirement of the withdrawing State's Professional  
954 Counseling Licensing Board to comply with the investigative  
955 and Adverse Action reporting requirements of this act prior  
956 to the effective date of withdrawal.

957           D. Nothing contained in this Compact shall be  
958 construed to invalidate or prevent any Professional  
959 Counseling licensure agreement or other cooperative  
960 arrangement between a Member State and a non-Member State  
961 that does not conflict with the provisions of this Compact.

962           E. This Compact may be amended by the Member States.  
963 No amendment to this Compact shall become effective and

964 binding upon any Member State until it is enacted into the  
965 laws of all Member States.

966 SECTION 14. CONSTRUCTION AND SEVERABILITY

967 This Compact shall be liberally construed so as to  
968 effectuate the purposes thereof. The provisions of this  
969 Compact shall be severable and if any phrase, clause,  
970 sentence or provision of this Compact is declared to be  
971 contrary to the constitution of any Member State or of the  
972 United States or the applicability thereof to any  
973 government, agency, person or circumstance is held invalid,  
974 the validity of the remainder of this Compact and the  
975 applicability thereof to any government, agency, person or  
976 circumstance shall not be affected thereby. If this Compact  
977 shall be held contrary to the constitution of any Member  
978 State, the Compact shall remain in full force and effect as  
979 to the remaining Member States and in full force and effect  
980 as to the Member State affected as to all severable matters.

981 SECTION 15. BINDING EFFECT OF COMPACT AND OTHER LAWS

982 A. A Licensee providing Professional Counseling  
983 services in a Remote State under the Privilege to Practice  
984 shall adhere to the laws and regulations, including scope of  
985 practice, of the Remote State.

986 B. Nothing herein prevents the enforcement of any  
987 other law of a Member State that is not inconsistent with  
988 the Compact.

989 C. Any laws in a Member State in conflict with the  
990 Compact are superseded to the extent of the conflict.

991 D. Any lawful actions of the Commission, including all  
992 Rules and bylaws properly promulgated by the Commission, are  
993 binding upon the Member States.

994 E. All permissible agreements between the Commission  
995 and the Member States are binding in accordance with their  
996 terms.

997 F. In the event any provision of the Compact exceeds  
998 the constitutional limits imposed on the legislature of any  
999 Member State, the provision shall be ineffective to the  
1000 extent of the conflict with the constitutional provision in  
1001 question in that Member State.

337.615. 1. As used in this section, the following  
2 terms mean:

3 (1) "License", a license, certificate, registration,  
4 permit, accreditation, or military occupational specialty  
5 that enables a person to legally practice an occupation or  
6 profession in a particular jurisdiction;

7 (2) "Military", the Armed Forces of the United States,  
8 including the Air Force, Army, Coast Guard, Marine Corps,  
9 Navy, Space Force, National Guard, and any other military  
10 branch that is designated by Congress as part of the Armed  
11 Forces of the United States, and all reserve components and  
12 auxiliaries. The term "military" also includes the military  
13 reserves and militia of any United States territory or state;

14 (3) "Nonresident military spouse", a nonresident  
15 spouse of an active-duty member of the Armed Forces of the  
16 United States who has been transferred or is scheduled to be  
17 transferred to the state of Missouri, or who has been  
18 transferred or is scheduled to be transferred to an adjacent  
19 state and is or will be domiciled in the state of Missouri,  
20 or has moved to the state of Missouri on a permanent change-  
21 of-station basis;

22 (4) "Oversight body", any board, department, agency,  
23 or office of a jurisdiction that issues licenses;

24           (5) "Resident military spouse", a spouse of an active-  
25 duty member of the Armed Forces of the United States who has  
26 been transferred or is scheduled to be transferred to the  
27 state of Missouri or an adjacent state and who is a  
28 permanent resident of the state of Missouri, who is  
29 domiciled in the state of Missouri, or who has Missouri as  
30 his or her home of record.

31           2. Each applicant for licensure as a clinical social  
32 worker shall furnish evidence to the committee that:

33           (1) The applicant has a master's degree from a college  
34 or university program of social work accredited by the  
35 council of social work education or a doctorate degree from  
36 a school of social work acceptable to the committee;

37           (2) The applicant has completed at least three  
38 thousand hours of supervised clinical experience with a  
39 qualified clinical supervisor, as defined in section  
40 337.600, in no less than twenty-four months and no more than  
41 forty-eight consecutive calendar months. For any applicant  
42 who has successfully completed at least four thousand hours  
43 of supervised clinical experience with a qualified clinical  
44 supervisor, as defined in section 337.600, within the same  
45 time frame prescribed in this subsection, the applicant  
46 shall be eligible for application of licensure at three  
47 thousand hours and shall be furnished a certificate by the  
48 state committee for social workers acknowledging the  
49 completion of said additional hours;

50           (3) The applicant has achieved a passing score, as  
51 defined by the committee, on an examination approved by the  
52 committee. The eligibility requirements for such  
53 examination shall be promulgated by rule of the committee;  
54 **and**

55           (4) The applicant is at least eighteen years of age,  
56 is a United States citizen or has status as a legal resident  
57 alien, and has not been finally adjudicated and found  
58 guilty, or entered a plea of guilty or nolo contendere, in a  
59 criminal prosecution under the laws of any state, of the  
60 United States, or of any country, for any offense directly  
61 related to the duties and responsibilities of the  
62 occupation, as set forth in section 324.012, regardless of  
63 whether or not sentence has been imposed.

64           [2. Any person holding a current license, certificate  
65 of registration, or permit from another state or territory  
66 of the United States or the District of Columbia to practice  
67 clinical social work who does not meet the requirements of  
68 section 324.009 and who has had no disciplinary action taken  
69 against the license, certificate of registration, or permit  
70 for the preceding five years may be granted a license to  
71 practice clinical social work in this state if the person  
72 has received a masters or doctoral degree from a college or  
73 university program of social work accredited by the council  
74 of social work education and has been licensed to practice  
75 clinical social work for the preceding five years.]

76           3. (1) Any person who holds a valid current clinical  
77 social work license issued by another state, a branch or  
78 unit of the military, a territory of the United States, or  
79 the District of Columbia, and who has been licensed for at  
80 least one year in such other jurisdiction, may submit to the  
81 committee an application for a clinical social work license  
82 in Missouri along with proof of current licensure and proof  
83 of licensure for at least one year in the other jurisdiction.

84           (2) The committee shall:

85           (a) Within six months of receiving an application  
86 described in subdivision (1) of this subsection, waive any

87 examination, educational, or experience requirements for  
88 licensure in this state for the applicant if it determines  
89 that there were minimum education requirements and, if  
90 applicable, work experience and clinical supervision  
91 requirements in effect and the other jurisdiction verifies  
92 that the person met those requirements in order to be  
93 licensed or certified in that jurisdiction. The committee  
94 may require an applicant to take and pass an examination  
95 specific to the laws of this state; or

96 (b) Within thirty days of receiving an application  
97 described in subdivision (1) of this subsection from a  
98 nonresident military spouse or a resident military spouse,  
99 waive any examination, educational, or experience  
100 requirements for licensure in this state for the applicant  
101 and issue such applicant a license under this subsection if  
102 such applicant otherwise meets the requirements of this  
103 subsection.

104 (3) (a) The committee shall not waive any  
105 examination, educational, or experience requirements for any  
106 applicant who has had his or her license revoked by an  
107 oversight body outside the state; who is currently under  
108 investigation, who has a complaint pending, or who is  
109 currently under disciplinary action, except as provided in  
110 paragraph (b) of this subdivision, with an oversight body  
111 outside the state; who does not hold a license in good  
112 standing with an oversight body outside the state; who has a  
113 criminal record that would disqualify him or her for  
114 licensure in Missouri; or who does not hold a valid current  
115 license in the other jurisdiction on the date the committee  
116 receives his or her application under this subsection.

117 (b) If another jurisdiction has taken disciplinary  
118 action against an applicant, the committee shall determine

119 if the cause for the action was corrected and the matter  
120 resolved. If the matter has not been resolved by that  
121 jurisdiction, the committee may deny a license until the  
122 matter is resolved.

123 (4) Nothing in this subsection shall prohibit the  
124 committee from denying a license to an applicant under this  
125 subsection for any reason described in section 337.630.

126 (5) Any person who is licensed under the provisions of  
127 this subsection shall be subject to the committee's  
128 jurisdiction and all rules and regulations pertaining to the  
129 practice as a licensed clinical social worker in this state.

130 (6) This subsection shall not be construed to waive  
131 any requirement for an applicant to pay any fees.

132 4. The committee shall issue a license to each person  
133 who files an application and fee as required by the  
134 provisions of sections 337.600 to 337.689 and who furnishes  
135 evidence satisfactory to the committee that the applicant  
136 has complied with the provisions of subdivisions (1) to (4)  
137 of subsection [1] 2 of this section [or with the provisions  
138 of subsection 2 of this section].

337.644. 1. As used in this section, the following  
2 terms mean:

3 (1) "License", a license, certificate, registration,  
4 permit, accreditation, or military occupational specialty  
5 that enables a person to legally practice an occupation or  
6 profession in a particular jurisdiction;

7 (2) "Military", the Armed Forces of the United States,  
8 including the Air Force, Army, Coast Guard, Marine Corps,  
9 Navy, Space Force, National Guard, and any other military  
10 branch that is designated by Congress as part of the Armed  
11 Forces of the United States, and all reserve components and

12 auxiliaries. The term "military" also includes the military  
13 reserves and militia of any United States territory or state;

14 (3) "Nonresident military spouse", a nonresident  
15 spouse of an active-duty member of the Armed Forces of the  
16 United States who has been transferred or is scheduled to be  
17 transferred to the state of Missouri, or who has been  
18 transferred or is scheduled to be transferred to an adjacent  
19 state and is or will be domiciled in the state of Missouri,  
20 or has moved to the state of Missouri on a permanent change-  
21 of-station basis;

22 (4) "Oversight body", any board, department, agency,  
23 or office of a jurisdiction that issues licenses;

24 (5) "Resident military spouse", a spouse of an active-  
25 duty member of the Armed Forces of the United States who has  
26 been transferred or is scheduled to be transferred to the  
27 state of Missouri or an adjacent state and who is a  
28 permanent resident of the state of Missouri, who is  
29 domiciled in the state of Missouri, or who has Missouri as  
30 his or her home of record.

31 2. Each applicant for licensure as a master social  
32 worker shall furnish evidence to the committee that:

33 (1) The applicant has a master's or doctorate degree  
34 in social work from an accredited social work degree program  
35 approved by the council of social work education;

36 (2) The applicant has achieved a passing score, as  
37 defined by the committee, on an examination approved by the  
38 committee. The eligibility requirements for such  
39 examination shall be determined by the state committee for  
40 social workers;

41 (3) The applicant is at least eighteen years of age,  
42 is a United States citizen or has status as a legal resident  
43 alien, and has not been finally adjudicated and found

44 guilty, or entered a plea of guilty or nolo contendere, in a  
45 criminal prosecution under the laws of any state, of the  
46 United States, or of any country, for any offense directly  
47 related to the duties and responsibilities of the  
48 occupation, as set forth in section 324.012, regardless [or]  
49 of whether or not sentence is imposed;

50 (4) The applicant has submitted a written application  
51 on forms prescribed by the state board; **and**

52 (5) The applicant has submitted the required licensing  
53 fee, as determined by the committee.

54 [2.] 3. Any applicant who answers in the affirmative  
55 to any question on the application that relates to possible  
56 grounds for denial of licensure under section 337.630 shall  
57 submit a sworn affidavit setting forth in detail the facts  
58 which explain such answer and copies of appropriate  
59 documents related to such answer.

60 [3.] 4. The committee shall issue a license to each  
61 person who files an application and fee as required by the  
62 provisions of sections 337.600 to 337.689 and who furnishes  
63 evidence satisfactory to the committee that the applicant  
64 has complied with the provisions of subsection [1] 2 of this  
65 section. The license shall refer to the individual as a  
66 licensed master social worker and shall recognize that  
67 individual's right to practice licensed master social work  
68 as defined in section 337.600.

69 5. (1) **Any person who holds a valid current master  
70 social work license issued by another state, a branch or  
71 unit of the military, a territory of the United States, or  
72 the District of Columbia, and who has been licensed for at  
73 least one year in such other jurisdiction, may submit to the  
74 committee an application for a master social work license in**

75 Missouri along with proof of current licensure and proof of  
76 licensure for at least one year in the other jurisdiction.

77 (2) The committee shall:

78 (a) Within six months of receiving an application  
79 described in subdivision (1) of this subsection, waive any  
80 examination, educational, or experience requirements for  
81 licensure in this state for the applicant if it determines  
82 that there were minimum education requirements and, if  
83 applicable, work experience and clinical supervision  
84 requirements in effect and the other jurisdiction verifies  
85 that the person met those requirements in order to be  
86 licensed or certified in that jurisdiction. The committee  
87 may require an applicant to take and pass an examination  
88 specific to the laws of this state; or

89 (b) Within thirty days of receiving an application  
90 described in subdivision (1) of this subsection from a  
91 nonresident military spouse or a resident military spouse,  
92 waive any examination, educational, or experience  
93 requirements for licensure in this state for the applicant  
94 and issue such applicant a license under this subsection if  
95 such applicant otherwise meets the requirements of this  
96 subsection.

97 (3) (a) The committee shall not waive any  
98 examination, educational, or experience requirements for any  
99 applicant who has had his or her license revoked by an  
100 oversight body outside the state; who is currently under  
101 investigation, who has a complaint pending, or who is  
102 currently under disciplinary action, except as provided in  
103 paragraph (b) of this subdivision, with an oversight body  
104 outside the state; who does not hold a license in good  
105 standing with an oversight body outside the state; who has a  
106 criminal record that would disqualify him or her for

107 licensure in Missouri; or who does not hold a valid current  
108 license in the other jurisdiction on the date the committee  
109 receives his or her application under this section.

110 (b) If another jurisdiction has taken disciplinary  
111 action against an applicant, the committee shall determine  
112 if the cause for the action was corrected and the matter  
113 resolved. If the matter has not been resolved by that  
114 jurisdiction, the committee may deny a license until the  
115 matter is resolved.

116 (4) Nothing in this subsection shall prohibit the  
117 committee from denying a license to an applicant under this  
118 subsection for any reason described in section 337.630.

119 (5) Any person who is licensed under the provisions of  
120 this subsection shall be subject to the committee's  
121 jurisdiction and all rules and regulations pertaining to the  
122 practice as a licensed master social worker in this state.

123 (6) This subsection shall not be construed to waive  
124 any requirement for an applicant to pay any fees.

337.665. 1. As used in this section, the following  
2 terms mean:

3 (1) "License", a license, certificate, registration,  
4 permit, accreditation, or military occupational specialty  
5 that enables a person to legally practice an occupation or  
6 profession in a particular jurisdiction;

7 (2) "Military", the Armed Forces of the United States,  
8 including the Air Force, Army, Coast Guard, Marine Corps,  
9 Navy, Space Force, National Guard, and any other military  
10 branch that is designated by Congress as part of the Armed  
11 Forces of the United States, and all reserve components and  
12 auxiliaries. The term "military" also includes the military  
13 reserves and militia of any United States territory or state;

14           (3) "Nonresident military spouse", a nonresident  
15 spouse of an active-duty member of the Armed Forces of the  
16 United States who has been transferred or is scheduled to be  
17 transferred to the state of Missouri, or who has been  
18 transferred or is scheduled to be transferred to an adjacent  
19 state and is or will be domiciled in the state of Missouri,  
20 or has moved to the state of Missouri on a permanent change-  
21 of-station basis;

22           (4) "Oversight body", any board, department, agency,  
23 or office of a jurisdiction that issues licenses;

24           (5) "Resident military spouse", a spouse of an active-  
25 duty member of the Armed Forces of the United States who has  
26 been transferred or is scheduled to be transferred to the  
27 state of Missouri or an adjacent state and who is a  
28 permanent resident of the state of Missouri, who is  
29 domiciled in the state of Missouri, or who has Missouri as  
30 his or her home of record.

31           2. Each applicant for licensure as a baccalaureate  
32 social worker shall furnish evidence to the committee that:

33           (1) The applicant has a baccalaureate degree in social  
34 work from an accredited social work degree program approved  
35 by the council of social work education;

36           (2) The applicant has achieved a passing score, as  
37 defined by the committee, on an examination approved by the  
38 committee. The eligibility requirements for such  
39 examination shall be determined by the state committee for  
40 social work;

41           (3) The applicant is at least eighteen years of age,  
42 is a United States citizen or has status as a legal resident  
43 alien, and has not been finally adjudicated and found  
44 guilty, or entered a plea of guilty or nolo contendere, in a  
45 criminal prosecution under the laws of any state, of the

46 United States, or of any country, for any offense directly  
47 related to the duties and responsibilities of the  
48 occupation, as set forth in section 324.012, regardless of  
49 whether or not sentence is imposed;

50 (4) The applicant has submitted a written application  
51 on forms prescribed by the state board; **and**

52 (5) The applicant has submitted the required licensing  
53 fee, as determined by the committee.

54 [2.] 3. Any applicant who answers in the affirmative  
55 to any question on the application that relates to possible  
56 grounds for denial of licensure pursuant to section 337.630  
57 shall submit a sworn affidavit setting forth in detail the  
58 facts which explain such answer and copies of appropriate  
59 documents related to such answer.

60 [3.] 4. The committee shall issue a license to each  
61 person who files an application and fee as required by the  
62 provisions of sections 337.600 to 337.689 and who furnishes  
63 evidence satisfactory to the committee that the applicant  
64 has complied with the provisions of subsection [1] 2 of this  
65 section.

66 [4.] 5. The committee shall issue a certificate to  
67 practice independently under subsection 3 of section 337.653  
68 to any licensed baccalaureate social worker who has  
69 satisfactorily completed three thousand hours of supervised  
70 experience with a qualified baccalaureate supervisor in no  
71 less than twenty-four months and no more than forty-eight  
72 consecutive calendar months.

73 **6. (1) Any person who holds a valid current**  
74 **baccalaureate social work license issued by another state, a**  
75 **branch or unit of the military, a territory of the United**  
76 **States, or the District of Columbia, and who has been**  
77 **licensed for at least one year in such other jurisdiction,**

78 may submit to the committee an application for a  
79 baccalaureate social work license in Missouri along with  
80 proof of current licensure and proof of licensure for at  
81 least one year in the other jurisdiction.

82 (2) The committee shall:

83 (a) Within six months of receiving an application  
84 described in subdivision (1) of this subsection, waive any  
85 examination, educational, or experience requirements for  
86 licensure in this state for the applicant if it determines  
87 that there were minimum education requirements and, if  
88 applicable, work experience and clinical supervision  
89 requirements in effect and the other jurisdiction verifies  
90 that the person met those requirements in order to be  
91 licensed or certified in that jurisdiction. The committee  
92 may require an applicant to take and pass an examination  
93 specific to the laws of this state; or

94 (b) Within thirty days of receiving an application  
95 described in subdivision (1) of this subsection from a  
96 nonresident military spouse or a resident military spouse,  
97 waive any examination, educational, or experience  
98 requirements for licensure in this state for the applicant  
99 and issue such applicant a license under this subsection if  
100 such applicant otherwise meets the requirements of this  
101 subsection.

102 (3) (a) The committee shall not waive any  
103 examination, educational, or experience requirements for any  
104 applicant who has had his or her license revoked by an  
105 oversight body outside the state; who is currently under  
106 investigation, who has a complaint pending, or who is  
107 currently under disciplinary action, except as provided in  
108 paragraph (b) of this subdivision, with an oversight body  
109 outside the state; who does not hold a license in good

110 standing with an oversight body outside the state; who has a  
111 criminal record that would disqualify him or her for  
112 licensure in Missouri; or who does not hold a valid current  
113 license in the other jurisdiction on the date the committee  
114 receives his or her application under this subsection.

115 (b) If another jurisdiction has taken disciplinary  
116 action against an applicant, the committee shall determine  
117 if the cause for the action was corrected and the matter  
118 resolved. If the matter has not been resolved by that  
119 jurisdiction, the committee may deny a license until the  
120 matter is resolved.

121 (4) Nothing in this subsection shall prohibit the  
122 committee from denying a license to an applicant under this  
123 subsection for any reason described in section 337.630.

124 (5) Any person who is licensed under the provisions of  
125 this subsection shall be subject to the committee's  
126 jurisdiction and all rules and regulations pertaining to the  
127 practice as a licensed baccalaureate social worker in this  
128 state.

129 (6) This subsection shall not be construed to waive  
130 any requirement for an applicant to pay any fees.

337.1000. 1. Sections 337.1000 to 337.1075 shall be  
2 known and may be cited as the "Social Work Licensure  
3 Compact".

4 2. The purpose of this Compact is to facilitate  
5 interstate practice of Regulated Social Workers by improving  
6 public access to competent Social Work Services. The  
7 Compact preserves the regulatory authority of States to  
8 protect public health and safety through the current system  
9 of State licensure.

10 3. This Compact is designed to achieve the following  
11 objectives:

- 12           (1) Increase public access to Social Work Services;
- 13           (2) Reduce overly burdensome and duplicative
- 14 requirements associated with holding multiple licenses;
- 15           (3) Enhance the Member States' ability to protect the
- 16 public's health and safety;
- 17           (4) Encourage the cooperation of Member States in
- 18 regulating multistate practice;
- 19           (5) Promote mobility and address workforce shortages
- 20 by eliminating the necessity for licenses in multiple States
- 21 by providing for the mutual recognition of other Member
- 22 State licenses;
- 23           (6) Support military families;
- 24           (7) Facilitate the exchange of licensure and
- 25 disciplinary information among Member States;
- 26           (8) Authorize all Member States to hold a Regulated
- 27 Social Worker accountable for abiding by a Member State's
- 28 laws, regulations, and applicable professional standards in
- 29 the Member State in which the client is located at the time
- 30 care is rendered; and
- 31           (9) Allow for the use of telehealth to facilitate
- 32 increased access to regulated Social Work Services.

337.1005. As used in this Compact, and except as

2 otherwise provided, the following definitions shall apply:

- 3           (1) "Active Military Member" means any individual with
- 4 full-time duty status in the active armed forces of the
- 5 United States including members of the National Guard and
- 6 Reserve.
- 7           (2) "Adverse Action" means any administrative, civil,
- 8 equitable or criminal action permitted by a State's laws
- 9 which is imposed by a Licensing Authority or other authority
- 10 against a Regulated Social Worker, including actions against
- 11 an individual's license or Multistate Authorization to

12 Practice such as revocation, suspension, probation,  
13 monitoring of the Licensee, limitation on the Licensee's  
14 practice, or any other Encumbrance on licensure affecting a  
15 Regulated Social Worker's authorization to practice,  
16 including issuance of a cease and desist action.

17 (3) "Alternative Program" means a non-disciplinary  
18 monitoring or practice remediation process approved by a  
19 Licensing Authority to address practitioners with an  
20 Impairment.

21 (4) "Charter Member States" means Member States who  
22 have enacted legislation to adopt this Compact where such  
23 legislation predates the effective date of this Compact as  
24 described in section 337.1065.

25 (5) "Compact Commission" or "Commission" means the  
26 government agency whose membership consists of all States  
27 that have enacted this Compact, which is known as the Social  
28 Work Licensure Compact Commission, as described in section  
29 337.1045, and which shall operate as an instrumentality of  
30 the Member States.

31 (6) "Current Significant Investigative Information"  
32 means:

33 (a) Investigative information that a Licensing  
34 Authority, after a preliminary inquiry that includes  
35 notification and an opportunity for the Regulated Social  
36 Worker to respond has reason to believe is not groundless  
37 and, if proved true, would indicate more than a minor  
38 infraction as may be defined by the Commission; or

39 (b) Investigative information that indicates that the  
40 Regulated Social Worker represents an immediate threat to  
41 public health and safety, as may be defined by the  
42 Commission, regardless of whether the Regulated Social

43 Worker has been notified and has had an opportunity to  
44 respond.

45 (7) "Data System" means a repository of information  
46 about Licensees, including, continuing education,  
47 examination, licensure, Current Significant Investigative  
48 Information, Disqualifying Event, Multistate License(s) and  
49 Adverse Action information or other information as required  
50 by the Commission.

51 (8) "Domicile" means the jurisdiction in which the  
52 Licensee resides and intends to remain indefinitely.

53 (9) "Disqualifying Event" means any Adverse Action or  
54 incident which results in an Encumbrance that disqualifies  
55 or makes the Licensee ineligible to either obtain, retain or  
56 renew a Multistate License.

57 (10) "Encumbrance" means a revocation or suspension  
58 of, or any limitation on, the full and unrestricted practice  
59 of Social Work licensed and regulated by a Licensing  
60 Authority.

61 (11) "Executive Committee" means a group of delegates  
62 elected or appointed to act on behalf of, and within the  
63 powers granted to them by, the compact and Commission.

64 (12) "Home State" means the Member State that is the  
65 Licensee's primary Domicile.

66 (13) "Impairment" means a condition(s) that may impair  
67 a practitioner's ability to engage in full and unrestricted  
68 practice as a Regulated Social Worker without some type of  
69 intervention and may include alcohol and drug dependence,  
70 mental health impairment, and neurological or physical  
71 impairments.

72 (14) "Licensee(s)" means an individual who currently  
73 holds a license from a State to practice as a Regulated  
74 Social Worker.

75           (15) "Licensing Authority" means the board or agency  
76 of a Member State, or equivalent, that is responsible for  
77 the licensing and regulation of Regulated Social Workers.

78           (16) "Member State" means a state, commonwealth,  
79 district, or territory of the United States of America that  
80 has enacted this Compact.

81           (17) "Multistate Authorization to Practice" means a  
82 legally authorized privilege to practice, which is  
83 equivalent to a license, associated with a Multistate  
84 License permitting the practice of Social Work in a Remote  
85 State.

86           (18) "Multistate License" means a license to practice  
87 as a Regulated Social Worker issued by a Home State  
88 Licensing Authority that authorizes the Regulated Social  
89 Worker to practice in all Member States under Multistate  
90 Authorization to Practice.

91           (19) "Qualifying National Exam" means a national  
92 licensing examination approved by the Commission.

93           (20) "Regulated Social Worker" means any clinical,  
94 master's or bachelor's Social Worker licensed by a Member  
95 State regardless of the title used by that Member State.

96           (21) "Remote State" means a Member State other than  
97 the Licensee's Home State.

98           (22) "Rule(s)" or "Rule(s) of the Commission" means a  
99 regulation or regulations duly promulgated by the  
100 Commission, as authorized by the Compact, that has the force  
101 of law.

102           (23) "Single State License" means a Social Work  
103 license issued by any State that authorizes practice only  
104 within the issuing State and does not include Multistate  
105 Authorization to Practice in any Member State.

106           (24) "Social Work" or "Social Work Services" means the  
107 application of social work theory, knowledge, methods,  
108 ethics, and the professional use of self to restore or  
109 enhance social, psychosocial, or biopsychosocial functioning  
110 of individuals, couples, families, groups, organizations,  
111 and communities through the care and services provided by a  
112 Regulated Social Worker as set forth in the Member State's  
113 statutes and regulations in the State where the services are  
114 being provided.

115           (25) "State" means any state, commonwealth, district,  
116 or territory of the United States of America that regulates  
117 the practice of Social Work.

118           (26) "Unencumbered License" means a license that  
119 authorizes a Regulated Social Worker to engage in the full  
120 and unrestricted practice of Social Work.

          337.1010. 1. To be eligible to participate in the  
2 compact, a potential Member State must currently meet all of  
3 the following criteria:

4           (1) License and regulate the practice of Social Work  
5 at either the clinical, master's, or bachelor's category.

6           (2) Require applicants for licensure to graduate from  
7 a program that is:

8           (a) Operated by a college or university recognized by  
9 the Licensing Authority;

10           (b) Accredited, or in candidacy by an institution that  
11 subsequently becomes accredited, by an accrediting agency  
12 recognized by either:

13           a. the Council for Higher Education Accreditation, or  
14 its successor; or

15           b. the United States Department of Education; and

16           (c) Corresponds to the licensure sought as outlined in  
17 section 337.1015.

18           (3) Require applicants for clinical licensure to  
19 complete a period of supervised practice.

20           (4) Have a mechanism in place for receiving,  
21 investigating, and adjudicating complaints about Licensees.

22           2. To maintain membership in the Compact a Member  
23 State shall:

24           (1) Require that applicants for a Multistate License  
25 pass a Qualifying National Exam for the corresponding  
26 category of Multistate License sought as outlined in section  
27 337.1015;

28           (2) Participate fully in the Commission's Data System,  
29 including using the Commission's unique identifier as  
30 defined in Rules;

31           (3) Notify the Commission, in compliance with the  
32 terms of the Compact and Rules, of any Adverse Action or the  
33 availability of Current Significant Investigative  
34 Information regarding a Licensee;

35           (4) Implement procedures for considering the criminal  
36 history records of applicants for a Multistate License.  
37 Such procedures shall include the submission of fingerprints  
38 or other biometric-based information by applicants for the  
39 purpose of obtaining an applicant's criminal history record  
40 information from the Federal Bureau of Investigation and the  
41 agency responsible for retaining that State's criminal  
42 records;

43           (5) Comply with the Rules of the Commission;

44           (6) Require an applicant to obtain or retain a license  
45 in the Home State and meet the Home State's qualifications  
46 for licensure or renewal of licensure, as well as all other  
47 applicable Home State laws;

48           (7) Authorize a Licensee holding a Multistate License  
49 in any Member State to practice in accordance with the terms  
50 of the Compact and Rules of the Commission; and

51           (8) Designate a delegate to participate in the  
52 Commission meetings.

53           3. A Member State meeting the requirements of  
54 subsections 1 and 2 of this section shall designate the  
55 categories of Social Work licensure that are eligible for  
56 issuance of a Multistate License for applicants in such  
57 Member State. To the extent that any Member State does not  
58 meet the requirements for participation in the Compact at  
59 any particular category of Social Work licensure, such  
60 Member State may choose, but is not obligated to, issue a  
61 Multistate License to applicants that otherwise meet the  
62 requirements of section 337.1015 for issuance of a  
63 Multistate License in such category or categories of  
64 licensure.

65           4. The Home State may charge a fee for granting the  
66 Multistate License.

337.1015. 1. To be eligible for a Multistate License  
2 under the terms and provisions of the Compact, an applicant,  
3 regardless of category must:

4           (1) Hold or be eligible for an active, Unencumbered  
5 License in the Home State;

6           (2) Pay any applicable fees, including any State fee,  
7 for the Multistate License;

8           (3) Submit, in connection with an application for a  
9 Multistate License, fingerprints or other biometric data for  
10 the purpose of obtaining criminal history record information  
11 from the Federal Bureau of Investigation and the agency  
12 responsible for retaining that State's criminal records;

13           (4) Notify the Home State of any Adverse Action,  
14 Encumbrance, or restriction on any professional license  
15 taken by any Member State or non-Member State within 30 days  
16 from the date the action is taken;

17           (5) Meet any continuing competence requirements  
18 established by the Home State;

19           (6) Abide by the laws, regulations, and applicable  
20 standards in the Member State where the client is located at  
21 the time care is rendered.

22           2. An applicant for a clinical-category Multistate  
23 License must meet all of the following requirements:

24           (1) Fulfill a competency requirement, which shall be  
25 satisfied by either:

26           (a) Passage of a clinical-category Qualifying National  
27 Exam; or

28           (b) Licensure of the applicant in their Home State at  
29 the clinical category, beginning prior to such time as a  
30 Qualifying National Exam was required by the Home State and  
31 accompanied by a period of continuous Social Work licensure  
32 thereafter, all of which may be further governed by the  
33 Rules of the Commission; or

34           (c) The substantial equivalency of the foregoing  
35 competency requirements which the Commission may determine  
36 by Rule.

37           (2) Attain at least a master's degree in Social Work  
38 from a program that is:

39           (a) Operated by a college or university recognized by  
40 the Licensing Authority; and

41           (b) Accredited, or in candidacy that subsequently  
42 becomes accredited, by an accrediting agency recognized by  
43 either:

44           a. the Council for Higher Education Accreditation or  
45 its successor; or

46           b. the United States Department of Education.

47           (3) Fulfill a practice requirement, which shall be  
48 satisfied by demonstrating completion of either:

49           (a) A period of postgraduate supervised clinical  
50 practice equal to a minimum of three thousand hours; or

51           (b) A minimum of two years of full-time postgraduate  
52 supervised clinical practice; or

53           (c) The substantial equivalency of the foregoing  
54 practice requirements which the Commission may determine by  
55 Rule.

56           3. An applicant for a master's-category Multistate  
57 License must meet all of the following requirements:

58           (1) Fulfill a competency requirement, which shall be  
59 satisfied by either:

60           (a) Passage of a masters-category Qualifying National  
61 Exam;

62           (b) Licensure of the applicant in their Home State at  
63 the master's category, beginning prior to such time as a  
64 Qualifying National Exam was required by the Home State at  
65 the master's category and accompanied by a continuous period  
66 of Social Work licensure thereafter, all of which may be  
67 further governed by the Rules of the Commission; or

68           (c) The substantial equivalency of the foregoing  
69 competency requirements which the Commission may determine  
70 by Rule.

71           (2) Attain at least a master's degree in Social Work  
72 from a program that is:

73           (a) Operated by a college or university recognized by  
74 the Licensing Authority; and

75 (b) Accredited, or in candidacy that subsequently  
76 becomes accredited, by an accrediting agency recognized by  
77 either:

78 a. the Council for Higher Education Accreditation or  
79 its successor; or

80 b. the United States Department of Education.

81 4. An applicant for a bachelor's-category Multistate  
82 License must meet all of the following requirements:

83 (1) Fulfill a competency requirement, which shall be  
84 satisfied by either:

85 (a) Passage of a bachelor's-category Qualifying  
86 National Exam;

87 (b) Licensure of the applicant in their Home State at  
88 the bachelor's category, beginning prior to such time as a  
89 Qualifying National Exam was required by the Home State and  
90 accompanied by a period of continuous Social Work licensure  
91 thereafter, all of which may be further governed by the  
92 Rules of the Commission; or

93 (c) The substantial equivalency of the foregoing  
94 competency requirements which the Commission may determine  
95 by Rule.

96 (2) Attain at least a bachelor's degree in Social Work  
97 from a program that is:

98 (a) Operated by a college or university recognized by  
99 the Licensing Authority; and

100 (b) Accredited, or in candidacy that subsequently  
101 becomes accredited, by an accrediting agency recognized by  
102 either:

103 a. the Council for Higher Education Accreditation or  
104 its successor; or

105 b. the United States Department of Education.

106           5. The Multistate License for a Regulated Social  
107 Worker is subject to the renewal requirements of the Home  
108 State. The Regulated Social Worker must maintain compliance  
109 with the requirements of subsection 1 of this section to be  
110 eligible to renew a Multistate License.

111           6. The Regulated Social Worker's services in a Remote  
112 State are subject to that Member State's regulatory  
113 authority. A Remote State may, in accordance with due  
114 process and that Member State's laws, remove a Regulated  
115 Social Worker's Multistate Authorization to Practice in the  
116 Remote State for a specific period of time, impose fines,  
117 and take any other necessary actions to protect the health  
118 and safety of its citizens.

119           7. If a Multistate License is encumbered, the  
120 Regulated Social Worker's Multistate Authorization to  
121 Practice shall be deactivated in all Remote States until the  
122 Multistate License is no longer encumbered.

123           8. If a Multistate Authorization to Practice is  
124 encumbered in a Remote State, the regulated Social Worker's  
125 Multistate Authorization to Practice may be deactivated in  
126 that State until the Multistate Authorization to Practice is  
127 no longer encumbered.

337.1020. 1. Upon receipt of an application for a  
2 Multistate License, the Home State Licensing Authority shall  
3 determine the applicant's eligibility for a Multistate  
4 License in accordance with section 337.1015 of this Compact.

5           2. If such applicant is eligible pursuant to section  
6 337.1015 of this Compact, the Home State Licensing Authority  
7 shall issue a Multistate License that authorizes the  
8 applicant or Regulated Social Worker to practice in all  
9 Member States under a Multistate Authorization to Practice.

10           3. Upon issuance of a Multistate License, the Home  
11 State Licensing Authority shall designate whether the  
12 Regulated Social Worker holds a Multistate License in the  
13 Bachelors, Masters, or Clinical category of Social Work.

14           4. A Multistate License issued by a Home State to a  
15 resident in that State shall be recognized by all Compact  
16 Member States as authorizing Social Work Practice under a  
17 Multistate Authorization to Practice corresponding to each  
18 category of licensure regulated in each Member State.

          337.1025. 1. Nothing in this Compact, nor any Rule of  
2 the Commission, shall be construed to limit, restrict, or in  
3 any way reduce the ability of a Member State to enact and  
4 enforce laws, regulations, or other rules related to the  
5 practice of Social Work in that State, where those laws,  
6 regulations, or other rules are not inconsistent with the  
7 provisions of this Compact.

8           2. Nothing in this Compact shall affect the  
9 requirements established by a Member State for the issuance  
10 of a Single State License.

11           3. Nothing in this Compact, nor any Rule of the  
12 Commission, shall be construed to limit, restrict, or in any  
13 way reduce the ability of a Member State to take Adverse  
14 Action against a Licensee's Single State License to practice  
15 Social Work in that State.

16           4. Nothing in this Compact, nor any Rule of the  
17 Commission, shall be construed to limit, restrict, or in any  
18 way reduce the ability of a Remote State to take Adverse  
19 Action against a Licensee's Multistate Authorization to  
20 Practice in that State.

21           5. Nothing in this Compact, nor any Rule of the  
22 Commission, shall be construed to limit, restrict, or in any  
23 way reduce the ability of a Licensee's Home State to take

24 Adverse Action against a Licensee's Multistate License based  
25 upon information provided by a Remote State.

337.1030. 1. A Licensee can hold a Multistate  
2 License, issued by their Home State, in only one Member  
3 State at any given time.

4 2. If a Licensee changes their Home State by moving  
5 between two Member States:

6 (1) The Licensee shall immediately apply for the  
7 reissuance of their Multistate License in their new Home  
8 State. The Licensee shall pay all applicable fees and  
9 notify the prior Home State in accordance with the Rules of  
10 the Commission.

11 (2) Upon receipt of an application to reissue a  
12 Multistate License, the new Home State shall verify that the  
13 Multistate License is active, unencumbered and eligible for  
14 reissuance under the terms of the Compact and the Rules of  
15 the Commission. The Multistate License issued by the prior  
16 Home State will be deactivated and all Member States  
17 notified in accordance with the applicable Rules adopted by  
18 the Commission.

19 (3) Prior to the reissuance of the Multistate License,  
20 the new Home State shall conduct procedures for considering  
21 the criminal history records of the Licensee. Such  
22 procedures shall include the submission of fingerprints or  
23 other biometric-based information by applicants for the  
24 purpose of obtaining an applicant's criminal history record  
25 information from the Federal Bureau of Investigation and the  
26 agency responsible for retaining that State's criminal  
27 records.

28 (4) If required for initial licensure, the new Home  
29 State may require completion of jurisprudence requirements  
30 in the new Home State.

31           (5) Notwithstanding any other provision of this  
32 Compact, if a Licensee does not meet the requirements set  
33 forth in this Compact for the reissuance of a Multistate  
34 License by the new Home State, then the Licensee shall be  
35 subject to the new Home State requirements for the issuance  
36 of a Single State License in that State.

37           3. If a Licensee changes their primary State of  
38 residence by moving from a Member State to a non-Member  
39 State, or from a non-Member State to a Member State, then  
40 the Licensee shall be subject to the State requirements for  
41 the issuance of a Single State License in the new Home State.

42           4. Nothing in this Compact shall interfere with a  
43 Licensee's ability to hold a Single State License in  
44 multiple States; however, for the purposes of this Compact,  
45 a Licensee shall have only one Home State, and only one  
46 Multistate License.

47           5. Nothing in this Compact shall interfere with the  
48 requirements established by a Member State for the issuance  
49 of a Single State License.

          337.1035. An Active Military Member or their spouse  
2 shall designate a Home State where the individual has a  
3 Multistate License. The individual may retain their Home  
4 State designation during the period the service member is on  
5 active duty.

          337.1040. 1. In addition to the other powers  
2 conferred by State law, a Remote State shall have the  
3 authority, in accordance with existing State due process  
4 law, to:

5           (1) Take Adverse Action against a Regulated Social  
6 Worker's Multistate Authorization to Practice only within  
7 that Member State, and issue subpoenas for both hearings and  
8 investigations that require the attendance and testimony of

9 witnesses as well as the production of evidence. Subpoenas  
10 issued by a Licensing Authority in a Member State for the  
11 attendance and testimony of witnesses or the production of  
12 evidence from another Member State shall be enforced in the  
13 latter State by any court of competent jurisdiction,  
14 according to the practice and procedure of that court  
15 applicable to subpoenas issued in proceedings pending before  
16 it. The issuing Licensing Authority shall pay any witness  
17 fees, travel expenses, mileage, and other fees required by  
18 the service statutes of the State in which the witnesses or  
19 evidence are located.

20 (2) Only the Home State shall have the power to take  
21 Adverse Action against a Regulated Social Worker's  
22 Multistate License.

23 2. For purposes of taking Adverse Action, the Home  
24 State shall give the same priority and effect to reported  
25 conduct received from a Member State as it would if the  
26 conduct had occurred within the Home State. In so doing,  
27 the Home State shall apply its own State laws to determine  
28 appropriate action.

29 3. The Home State shall complete any pending  
30 investigations of a Regulated Social Worker who changes  
31 their Home State during the course of the investigations.  
32 The Home State shall also have the authority to take  
33 appropriate action(s) and shall promptly report the  
34 conclusions of the investigations to the administrator of  
35 the Data System. The administrator of the Data System shall  
36 promptly notify the new Home State of any Adverse Actions.

37 4. A Member State, if otherwise permitted by State  
38 law, may recover from the affected Regulated Social Worker  
39 the costs of investigations and dispositions of cases

40 resulting from any Adverse Action taken against that  
41 Regulated Social Worker.

42 5. A Member State may take Adverse Action based on the  
43 factual findings of another Member State, provided that the  
44 Member State follows its own procedures for taking the  
45 Adverse Action.

46 6. (1) In addition to the authority granted to a  
47 Member State by its respective Social Work practice act or  
48 other applicable State law, any Member State may participate  
49 with other Member States in joint investigations of  
50 Licensees.

51 (2) Member States shall share any investigative,  
52 litigation, or compliance materials in furtherance of any  
53 joint or individual investigation initiated under the  
54 Compact.

55 7. If Adverse Action is taken by the Home State  
56 against the Multistate License of a Regulated Social Worker,  
57 the Regulated Social Worker's Multistate Authorization to  
58 Practice in all other Member States shall be deactivated  
59 until all Encumbrances have been removed from the Multistate  
60 License. All Home State disciplinary orders that impose  
61 Adverse Action against the license of a Regulated Social  
62 Worker shall include a statement that the Regulated Social  
63 Worker's Multistate Authorization to Practice is deactivated  
64 in all Member States until all conditions of the decision,  
65 order or agreement are satisfied.

66 8. If a Member State takes Adverse Action, it shall  
67 promptly notify the administrator of the Data System. The  
68 administrator of the Data System shall promptly notify the  
69 Home State and all other Member States of any Adverse  
70 Actions by Remote States.

71           9. Nothing in this Compact shall override a Member  
72 State's decision that participation in an Alternative  
73 Program may be used in lieu of Adverse Action.

74           10. Nothing in this Compact shall authorize a Member  
75 State to demand the issuance of subpoenas for attendance and  
76 testimony of witnesses or the production of evidence from  
77 another Member State for lawful actions within that Member  
78 State.

79           11. Nothing in this Compact shall authorize a Member  
80 State to impose discipline against a Regulated Social Worker  
81 who holds a Multistate Authorization to Practice for lawful  
82 actions within another Member State.

          337.1045. 1. The Compact Member States hereby create  
2 and establish a joint government agency whose membership  
3 consists of all Member States that have enacted the compact  
4 known as the Social Work Licensure Compact Commission. The  
5 Commission is an instrumentality of the Compact States  
6 acting jointly and not an instrumentality of any one State.  
7 The Commission shall come into existence on or after the  
8 effective date of the Compact as set forth in section  
9 337.1065.

10           2. (1) Each Member State shall have and be limited to  
11 one (1) delegate selected by that Member State's State  
12 Licensing Authority.

13           (2) The delegate shall be either:

14           (a) A current member of the State Licensing Authority  
15 at the time of appointment, who is a Regulated Social Worker  
16 or public member of the State Licensing Authority; or

17           (b) An administrator of the State Licensing Authority  
18 or their designee.

19           (3) The Commission shall by Rule or bylaw establish a  
20 term of office for delegates and may by Rule or bylaw  
21 establish term limits.

22           (4) The Commission may recommend removal or suspension  
23 of any delegate from office.

24           (5) A Member State's State Licensing Authority shall  
25 fill any vacancy of its delegate occurring on the Commission  
26 within 60 days of the vacancy.

27           (6) Each delegate shall be entitled to one vote on all  
28 matters before the Commission requiring a vote by Commission  
29 delegates.

30           (7) A delegate shall vote in person or by such other  
31 means as provided in the bylaws. The bylaws may provide for  
32 delegates to meet by telecommunication, videoconference, or  
33 other means of communication.

34           (8) The Commission shall meet at least once during  
35 each calendar year. Additional meetings may be held as set  
36 forth in the bylaws. The Commission may meet by  
37 telecommunication, video conference or other similar  
38 electronic means.

39           3. The Commission shall have the following powers:

40           (1) Establish the fiscal year of the Commission;

41           (2) Establish code of conduct and conflict of interest  
42 policies;

43           (3) Establish and amend Rules and bylaws;

44           (4) Maintain its financial records in accordance with  
45 the bylaws;

46           (5) Meet and take such actions as are consistent with  
47 the provisions of this Compact, the Commission's Rules, and  
48 the bylaws;

49           (6) Initiate and conclude legal proceedings or actions  
50 in the name of the Commission, provided that the standing of

51 any State Licensing Board to sue or be sued under applicable  
52 law shall not be affected;

53 (7) Maintain and certify records and information  
54 provided to a Member State as the authenticated business  
55 records of the Commission, and designate an agent to do so  
56 on the Commission's behalf;

57 (8) Purchase and maintain insurance and bonds;

58 (9) Borrow, accept, or contract for services of  
59 personnel, including, but not limited to, employees of a  
60 Member State;

61 (10) Conduct an annual financial review;

62 (11) Hire employees, elect or appoint officers, fix  
63 compensation, define duties, grant such individuals  
64 appropriate authority to carry out the purposes of the  
65 Compact, and establish the Commission's personnel policies  
66 and programs relating to conflicts of interest,  
67 qualifications of personnel, and other related personnel  
68 matters;

69 (12) Assess and collect fees;

70 (13) Accept any and all appropriate gifts, donations,  
71 grants of money, other sources of revenue, equipment,  
72 supplies, materials, and services, and receive, utilize, and  
73 dispose of the same; provided that at all times the  
74 Commission shall avoid any appearance of impropriety or  
75 conflict of interest;

76 (14) Lease, purchase, retain, own, hold, improve, or  
77 use any property, real, personal, or mixed, or any undivided  
78 interest therein;

79 (15) Sell, convey, mortgage, pledge, lease, exchange,  
80 abandon, or otherwise dispose of any property real,  
81 personal, or mixed;

82 (16) Establish a budget and make expenditures;

83           (17) Borrow money;

84           (18) Appoint committees, including standing  
85 committees, composed of members, State regulators, State  
86 legislators or their representatives, and consumer  
87 representatives, and such other interested persons as may be  
88 designated in this Compact and the bylaws;

89           (19) Provide and receive information from, and  
90 cooperate with, law enforcement agencies;

91           (20) Establish and elect an Executive Committee,  
92 including a chair and a vice chair;

93           (21) Determine whether a State's adopted language is  
94 materially different from the model compact language such  
95 that the State would not qualify for participation in the  
96 Compact; and

97           (22) Perform such other functions as may be necessary  
98 or appropriate to achieve the purposes of this Compact.

99           4. (1) The Executive Committee shall have the power  
100 to act on behalf of the Commission according to the terms of  
101 this Compact. The powers, duties, and responsibilities of  
102 the Executive Committee shall include:

103           (a) Oversee the day-to-day activities of the  
104 administration of the compact including enforcement and  
105 compliance with the provisions of the compact, its Rules and  
106 bylaws, and other such duties as deemed necessary;

107           (b) Recommend to the Commission changes to the Rules  
108 or bylaws, changes to this Compact legislation, fees charged  
109 to Compact Member States, fees charged to Licensees, and  
110 other fees;

111           (c) Ensure Compact administration services are  
112 appropriately provided, including by contract;

113           (d) Prepare and recommend the budget;

- 114 (e) Maintain financial records on behalf of the  
115 Commission;
- 116 (f) Monitor Compact compliance of Member States and  
117 provide compliance reports to the Commission;
- 118 (g) Establish additional committees as necessary;
- 119 (h) Exercise the powers and duties of the Commission  
120 during the interim between Commission meetings, except for  
121 adopting or amending Rules, adopting or amending bylaws, and  
122 exercising any other powers and duties expressly reserved to  
123 the Commission by Rule or bylaw; and
- 124 (i) Other duties as provided in the Rules or bylaws of  
125 the Commission.
- 126 (2) The Executive Committee shall be composed of up to  
127 eleven (11) members:
- 128 (a) The chair and vice chair of the Commission shall  
129 be voting members of the Executive Committee; and
- 130 (b) The Commission shall elect five voting members  
131 from the current membership of the Commission.
- 132 (c) Up to four (4) ex-officio, nonvoting members from  
133 four (4) recognized national Social Work organizations.
- 134 (d) The ex-officio members will be selected by their  
135 respective organizations.
- 136 (3) The Commission may remove any member of the  
137 Executive Committee as provided in the Commission's bylaws.
- 138 (4) The Executive Committee shall meet at least  
139 annually.
- 140 (a) Executive Committee meetings shall be open to the  
141 public, except that the Executive Committee may meet in a  
142 closed, non-public meeting as provided in subdivision (2) of  
143 subsection 6 of this section.
- 144 (b) The Executive Committee shall give seven (7) days'  
145 notice of its meetings, posted on its website and as

146 determined to provide notice to persons with an interest in  
147 the business of the Commission.

148 (c) The Executive Committee may hold a special meeting  
149 in accordance with paragraph (b) of subdivision (1) of  
150 subsection 6 of this section.

151 5. The Commission shall adopt and provide to the  
152 Member States an annual report.

153 6. (1) All meetings shall be open to the public,  
154 except that the Commission may meet in a closed, non-public  
155 meeting as provided in subdivision (2) of this subsection.

156 (a) Public notice for all meetings of the full  
157 Commission of meetings shall be given in the same manner as  
158 required under the Rulemaking provisions in section  
159 337.1055, except that the Commission may hold a special  
160 meeting as provided in paragraph (b) of this subdivision.

161 (b) The Commission may hold a special meeting when it  
162 must meet to conduct emergency business by giving 48 hours'  
163 notice to all commissioners, on the Commission's website,  
164 and other means as provided in the Commission's Rules. The  
165 Commission's legal counsel shall certify that the  
166 Commission's need to meet qualifies as an emergency.

167 (2) The Commission or the Executive Committee or other  
168 committees of the Commission may convene in a closed, non-  
169 public meeting for the Commission or Executive Committee or  
170 other committees of the Commission to receive legal advice  
171 or to discuss:

172 (a) Non-compliance of a Member State with its  
173 obligations under the Compact;

174 (b) The employment, compensation, discipline or other  
175 matters, practices or procedures related to specific  
176 employees;

- 177           (c) Current or threatened discipline of a Licensee by  
178 the Commission or by a Member State's Licensing Authority;
- 179           (d) Current, threatened, or reasonably anticipated  
180 litigation;
- 181           (e) Negotiation of contracts for the purchase, lease,  
182 or sale of goods, services, or real estate;
- 183           (f) Accusing any person of a crime or formally  
184 censuring any person;
- 185           (g) Trade secrets or commercial or financial  
186 information that is privileged or confidential;
- 187           (h) Information of a personal nature where disclosure  
188 would constitute a clearly unwarranted invasion of personal  
189 privacy;
- 190           (i) Investigative records compiled for law enforcement  
191 purposes;
- 192           (j) Information related to any investigative reports  
193 prepared by or on behalf of or for use of the Commission or  
194 other committee charged with responsibility of investigation  
195 or determination of compliance issues pursuant to the  
196 Compact;
- 197           (k) Matters specifically exempted from disclosure by  
198 federal or Member State law; or
- 199           (l) Other matters as promulgated by the Commission by  
200 Rule.
- 201           (3) If a meeting, or portion of a meeting, is closed,  
202 the presiding officer shall state that the meeting will be  
203 closed and reference each relevant exempting provision, and  
204 such reference shall be recorded in the minutes.
- 205           (4) The Commission shall keep minutes that fully and  
206 clearly describe all matters discussed in a meeting and  
207 shall provide a full and accurate summary of actions taken,  
208 and the reasons therefor, including a description of the

209 views expressed. All documents considered in connection  
210 with an action shall be identified in such minutes. All  
211 minutes and documents of a closed meeting shall remain under  
212 seal, subject to release only by a majority vote of the  
213 Commission or order of a court of competent jurisdiction.

214 7. (1) The Commission shall pay, or provide for the  
215 payment of, the reasonable expenses of its establishment,  
216 organization, and ongoing activities.

217 (2) The Commission may accept any and all appropriate  
218 revenue sources as provided in subdivision (13) of  
219 subsection 3 of this section.

220 (3) The Commission may levy on and collect an annual  
221 assessment from each Member State and impose fees on  
222 Licensees of Member States to whom it grants a Multistate  
223 License to cover the cost of the operations and activities  
224 of the Commission and its staff, which must be in a total  
225 amount sufficient to cover its annual budget as approved  
226 each year for which revenue is not provided by other  
227 sources. The aggregate annual assessment amount for Member  
228 States shall be allocated based upon a formula that the  
229 Commission shall promulgate by Rule.

230 (4) The Commission shall not incur obligations of any  
231 kind prior to securing the funds adequate to meet the same;  
232 nor shall the Commission pledge the credit of any of the  
233 Member States, except by and with the authority of the  
234 Member State.

235 (5) The Commission shall keep accurate accounts of all  
236 receipts and disbursements. The receipts and disbursements  
237 of the Commission shall be subject to the financial review  
238 and accounting procedures established under its bylaws.  
239 However, all receipts and disbursements of funds handled by  
240 the Commission shall be subject to an annual financial

241 review by a certified or licensed public accountant, and the  
242 report of the financial review shall be included in and  
243 become part of the annual report of the Commission.

244 8. (1) The members, officers, executive director,  
245 employees and representatives of the Commission shall be  
246 immune from suit and liability, both personally and in their  
247 official capacity, for any claim for damage to or loss of  
248 property or personal injury or other civil liability caused  
249 by or arising out of any actual or alleged act, error, or  
250 omission that occurred, or that the person against whom the  
251 claim is made had a reasonable basis for believing occurred  
252 within the scope of Commission employment, duties or  
253 responsibilities; provided that nothing in this subdivision  
254 shall be construed to protect any such person from suit or  
255 liability for any damage, loss, injury, or liability caused  
256 by the intentional or willful or wanton misconduct of that  
257 person. The procurement of insurance of any type by the  
258 Commission shall not in any way compromise or limit the  
259 immunity granted hereunder.

260 (2) The Commission shall defend any member, officer,  
261 executive director, employee, and representative of the  
262 Commission in any civil action seeking to impose liability  
263 arising out of any actual or alleged act, error, or omission  
264 that occurred within the scope of Commission employment,  
265 duties, or responsibilities, or as determined by the  
266 Commission that the person against whom the claim is made  
267 had a reasonable basis for believing occurred within the  
268 scope of Commission employment, duties, or responsibilities;  
269 provided that nothing herein shall be construed to prohibit  
270 that person from retaining their own counsel at their own  
271 expense; and provided further, that the actual or alleged

272 act, error, or omission did not result from that person's  
273 intentional or willful or wanton misconduct.

274 (3) The Commission shall indemnify and hold harmless  
275 any member, officer, executive director, employee, and  
276 representative of the Commission for the amount of any  
277 settlement or judgment obtained against that person arising  
278 out of any actual or alleged act, error, or omission that  
279 occurred within the scope of Commission employment, duties,  
280 or responsibilities, or that such person had a reasonable  
281 basis for believing occurred within the scope of Commission  
282 employment, duties, or responsibilities, provided that the  
283 actual or alleged act, error, or omission did not result  
284 from the intentional or willful or wanton misconduct of that  
285 person.

286 (4) Nothing herein shall be construed as a limitation  
287 on the liability of any Licensee for professional  
288 malpractice or misconduct, which shall be governed solely by  
289 any other applicable State laws.

290 (5) Nothing in this Compact shall be interpreted to  
291 waive or otherwise abrogate a Member State's state action  
292 immunity or state action affirmative defense with respect to  
293 antitrust claims under the Sherman Act, Clayton Act, or any  
294 other State or federal antitrust or anticompetitive law or  
295 regulation.

296 (6) Nothing in this Compact shall be construed to be a  
297 waiver of sovereign immunity by the Member States or by the  
298 Commission.

337.1050. 1. The Commission shall provide for the  
2 development, maintenance, operation, and utilization of a  
3 coordinated Data System.

4           2. The Commission shall assign each applicant for a  
5 Multistate License a unique identifier, as determined by the  
6 Rules of the Commission.

7           3. Notwithstanding any other provision of State law to  
8 the contrary, a Member State shall submit a uniform data set  
9 to the Data System on all individuals to whom this Compact  
10 is applicable as required by the Rules of the Commission,  
11 including:

12           (1) Identifying information;

13           (2) Licensure data;

14           (3) Adverse Actions against a license and information  
15 related thereto;

16           (4) Non-confidential information related to  
17 Alternative Program participation, the beginning and ending  
18 dates of such participation, and other information related  
19 to such participation not made confidential under Member  
20 State law;

21           (5) Any denial of application for licensure, and the  
22 reason or reasons for such denial;

23           (6) The presence of Current Significant Investigative  
24 Information; and

25           (7) Other information that may facilitate the  
26 administration of this Compact or the protection of the  
27 public, as determined by the Rules of the Commission.

28           4. The records and information provided to a Member  
29 State pursuant to this Compact or through the Data System,  
30 when certified by the Commission or an agent thereof, shall  
31 constitute the authenticated business records of the  
32 Commission, and shall be entitled to any associated hearsay  
33 exception in any relevant judicial, quasi-judicial or  
34 administrative proceedings in a Member State.

35           5. (1) Current Significant Investigative Information  
36 pertaining to a Licensee in any Member State will only be  
37 available to other Member States.

38           (2) It is the responsibility of the Member States to  
39 report any Adverse Action against a Licensee and to monitor  
40 the database to determine whether Adverse Action has been  
41 taken against a Licensee. Adverse Action information  
42 pertaining to a Licensee in any Member State will be  
43 available to any other Member State.

44           6. Member States contributing information to the Data  
45 System may designate information that may not be shared with  
46 the public without the express permission of the  
47 contributing State.

48           7. Any information submitted to the Data System that  
49 is subsequently expunged pursuant to federal law or the laws  
50 of the Member State contributing the information shall be  
51 removed from the Data System.

          337.1055. 1. The Commission shall promulgate  
2 reasonable Rules in order to effectively and efficiently  
3 implement and administer the purposes and provisions of the  
4 Compact. A Rule shall be invalid and have no force or  
5 effect only if a court of competent jurisdiction holds that  
6 the Rule is invalid because the Commission exercised its  
7 rulemaking authority in a manner that is beyond the scope  
8 and purposes of the Compact, or the powers granted  
9 hereunder, or based upon another applicable standard of  
10 review.

11           2. The Rules of the Commission shall have the force of  
12 law in each Member State, provided however that where the  
13 Rules of the Commission conflict with the laws of the Member  
14 State that establish the Member State's laws, regulations,  
15 and applicable standards that govern the practice of Social

16 Work as held by a court of competent jurisdiction, the Rules  
17 of the Commission shall be ineffective in that State to the  
18 extent of the conflict.

19 3. The Commission shall exercise its Rulemaking powers  
20 pursuant to the criteria set forth in this Section and the  
21 Rules adopted thereunder. Rules shall become binding on the  
22 day following adoption or the date specified in the rule or  
23 amendment, whichever is later.

24 4. If a majority of the legislatures of the Member  
25 States rejects a Rule or portion of a Rule, by enactment of  
26 a statute or resolution in the same manner used to adopt the  
27 Compact within four (4) years of the date of adoption of the  
28 Rule, then such Rule shall have no further force and effect  
29 in any Member State.

30 5. Rules shall be adopted at a regular or special  
31 meeting of the Commission.

32 6. Prior to adoption of a proposed Rule, the  
33 Commission shall hold a public hearing and allow persons to  
34 provide oral and written comments, data, facts, opinions,  
35 and arguments.

36 7. Prior to adoption of a proposed Rule by the  
37 Commission, and at least thirty (30) days in advance of the  
38 meeting at which the Commission will hold a public hearing  
39 on the proposed Rule, the Commission shall provide a Notice  
40 of Proposed Rulemaking:

41 (1) On the website of the Commission or other publicly  
42 accessible platform;

43 (2) To persons who have requested notice of the  
44 Commission's notices of proposed rulemaking; and

45 (3) In such other way(s) as the Commission may by Rule  
46 specify.

47 8. The Notice of Proposed Rulemaking shall include:

48           (1) The time, date, and location of the public hearing  
49 at which the Commission will hear public comments on the  
50 proposed Rule and, if different, the time, date, and  
51 location of the meeting where the Commission will consider  
52 and vote on the proposed Rule;

53           (2) If the hearing is held via telecommunication,  
54 video conference, or other electronic means, the Commission  
55 shall include the mechanism for access to the hearing in the  
56 Notice of Proposed Rulemaking;

57           (3) The text of the proposed Rule and the reason  
58 therefor;

59           (4) A request for comments on the proposed Rule from  
60 any interested person; and

61           (5) The manner in which interested persons may submit  
62 written comments.

63           9. All hearings will be recorded. A copy of the  
64 recording and all written comments and documents received by  
65 the Commission in response to the proposed Rule shall be  
66 available to the public.

67           10. Nothing in this section shall be construed as  
68 requiring a separate hearing on each Rule. Rules may be  
69 grouped for the convenience of the Commission at hearings  
70 required by this section.

71           11. The Commission shall, by majority vote of all  
72 members, take final action on the proposed Rule based on the  
73 Rulemaking record and the full text of the Rule.

74           (1) The Commission may adopt changes to the proposed  
75 Rule provided the changes do not enlarge the original  
76 purpose of the proposed Rule.

77           (2) The Commission shall provide an explanation of the  
78 reasons for substantive changes made to the proposed Rule as

79 well as reasons for substantive changes not made that were  
80 recommended by commenters.

81 (3) The Commission shall determine a reasonable  
82 effective date for the Rule. Except for an emergency as  
83 provided in subsection 12 of this section, the effective  
84 date of the rule shall be no sooner than 30 days after  
85 issuing the notice that it adopted or amended the Rule.

86 12. Upon determination that an emergency exists, the  
87 Commission may consider and adopt an emergency Rule with 48  
88 hours' notice, with opportunity to comment, provided that  
89 the usual Rulemaking procedures provided in the Compact and  
90 in this section shall be retroactively applied to the Rule  
91 as soon as reasonably possible, in no event later than  
92 ninety (90) days after the effective date of the Rule. For  
93 the purposes of this provision, an emergency Rule is one  
94 that must be adopted immediately in order to:

95 (1) Meet an imminent threat to public health, safety,  
96 or welfare;

97 (2) Prevent a loss of Commission or Member State funds;

98 (3) Meet a deadline for the promulgation of a Rule  
99 that is established by federal law or rule; or

100 (4) Protect public health and safety.

101 13. The Commission or an authorized committee of the  
102 Commission may direct revisions to a previously adopted Rule  
103 for purposes of correcting typographical errors, errors in  
104 format, errors in consistency, or grammatical errors.

105 Public notice of any revisions shall be posted on the  
106 website of the Commission. The revision shall be subject to  
107 challenge by any person for a period of thirty (30) days  
108 after posting. The revision may be challenged only on  
109 grounds that the revision results in a material change to a  
110 Rule. A challenge shall be made in writing and delivered to

111 the Commission prior to the end of the notice period. If no  
112 challenge is made, the revision will take effect without  
113 further action. If the revision is challenged, the revision  
114 may not take effect without the approval of the Commission.

115 14. No Member State's rulemaking requirements shall  
116 apply under this compact.

337.1060. 1. (1) The executive and judicial branches  
2 of State government in each Member State shall enforce this  
3 Compact and take all actions necessary and appropriate to  
4 implement the Compact.

5 (2) Except as otherwise provided in this Compact,  
6 venue is proper and judicial proceedings by or against the  
7 Commission shall be brought solely and exclusively in a  
8 court of competent jurisdiction where the principal office  
9 of the Commission is located. The Commission may waive  
10 venue and jurisdictional defenses to the extent it adopts or  
11 consents to participate in alternative dispute resolution  
12 proceedings. Nothing herein shall affect or limit the  
13 selection or propriety of venue in any action against a  
14 Licensee for professional malpractice, misconduct or any  
15 such similar matter.

16 (3) The Commission shall be entitled to receive  
17 service of process in any proceeding regarding the  
18 enforcement or interpretation of the Compact and shall have  
19 standing to intervene in such a proceeding for all  
20 purposes. Failure to provide the Commission service of  
21 process shall render a judgment or order void as to the  
22 Commission, this Compact, or promulgated Rules.

23 2. (1) If the Commission determines that a Member  
24 State has defaulted in the performance of its obligations or  
25 responsibilities under this Compact or the promulgated  
26 Rules, the Commission shall provide written notice to the

27 defaulting State. The notice of default shall describe the  
28 default, the proposed means of curing the default, and any  
29 other action that the Commission may take, and shall offer  
30 training and specific technical assistance regarding the  
31 default.

32 (2) The Commission shall provide a copy of the notice  
33 of default to the other Member States.

34 3. If a State in default fails to cure the default,  
35 the defaulting State may be terminated from the Compact upon  
36 an affirmative vote of a majority of the delegates of the  
37 Member States, and all rights, privileges and benefits  
38 conferred on that State by this Compact may be terminated on  
39 the effective date of termination. A cure of the default  
40 does not relieve the offending State of obligations or  
41 liabilities incurred during the period of default.

42 4. Termination of membership in the Compact shall be  
43 imposed only after all other means of securing compliance  
44 have been exhausted. Notice of intent to suspend or  
45 terminate shall be given by the Commission to the governor,  
46 the majority and minority leaders of the defaulting State's  
47 legislature, the defaulting State's State Licensing  
48 Authority and each of the Member States' State Licensing  
49 Authority.

50 5. A State that has been terminated is responsible for  
51 all assessments, obligations, and liabilities incurred  
52 through the effective date of termination, including  
53 obligations that extend beyond the effective date of  
54 termination.

55 6. Upon the termination of a State's membership from  
56 this Compact, that State shall immediately provide notice to  
57 all Licensees within that State of such termination. The  
58 terminated State shall continue to recognize all licenses

59 granted pursuant to this Compact for a minimum of six (6)  
60 months after the date of said notice of termination.

61 7. The Commission shall not bear any costs related to  
62 a State that is found to be in default or that has been  
63 terminated from the Compact, unless agreed upon in writing  
64 between the Commission and the defaulting State.

65 8. The defaulting State may appeal the action of the  
66 Commission by petitioning the U.S. District Court for the  
67 District of Columbia or the federal district where the  
68 Commission has its principal offices. The prevailing party  
69 shall be awarded all costs of such litigation, including  
70 reasonable attorney's fees.

71 9. (1) Upon request by a Member State, the Commission  
72 shall attempt to resolve disputes related to the Compact  
73 that arise among Member States and between Member and non-  
74 Member States.

75 (2) The Commission shall promulgate a Rule providing  
76 for both mediation and binding dispute resolution for  
77 disputes as appropriate.

78 10. (1) By majority vote as provided by Rule, the  
79 Commission may initiate legal action against a Member State  
80 in default in the United States District Court for the  
81 District of Columbia or the federal district where the  
82 Commission has its principal offices to enforce compliance  
83 with the provisions of the Compact and its promulgated  
84 Rules. The relief sought may include both injunctive relief  
85 and damages. In the event judicial enforcement is  
86 necessary, the prevailing party shall be awarded all costs  
87 of such litigation, including reasonable attorney's fees.  
88 The remedies herein shall not be the exclusive remedies of  
89 the Commission. The Commission may pursue any other

90 remedies available under federal or the defaulting Member  
91 State's law.

92 (2) A Member State may initiate legal action against  
93 the Commission in the U.S. District Court for the District  
94 of Columbia or the federal district where the Commission has  
95 its principal offices to enforce compliance with the  
96 provisions of the Compact and its promulgated Rules. The  
97 relief sought may include both injunctive relief and  
98 damages. In the event judicial enforcement is necessary,  
99 the prevailing party shall be awarded all costs of such  
100 litigation, including reasonable attorney's fees.

101 (3) No person other than a Member State shall enforce  
102 this compact against the Commission.

337.1065. 1. The Compact shall come into effect on  
2 the date on which the Compact statute is enacted into law in  
3 the seventh Member State.

4 (1) On or after the effective date of the Compact, the  
5 Commission shall convene and review the enactment of each of  
6 the first seven Member States ("Charter Member States") to  
7 determine if the statute enacted by each such Charter Member  
8 State is materially different than the model Compact statute.

9 (a) A Charter Member State whose enactment is found to  
10 be materially different from the model Compact statute shall  
11 be entitled to the default process set forth in section  
12 337.1060.

13 (b) If any Member State is later found to be in  
14 default, or is terminated or withdraws from the Compact, the  
15 Commission shall remain in existence and the Compact shall  
16 remain in effect even if the number of Member States should  
17 be less than seven.

18 (2) Member States enacting the Compact subsequent to  
19 the seven initial Charter Member States shall be subject to

20 the process set forth in subdivision (21) of subsection 3 of  
21 section 337.1045 to determine if their enactments are  
22 materially different from the model Compact statute and  
23 whether they qualify for participation in the Compact.

24 (3) All actions taken for the benefit of the  
25 Commission or in furtherance of the purposes of the  
26 administration of the Compact prior to the effective date of  
27 the Compact or the Commission coming into existence shall be  
28 considered to be actions of the Commission unless  
29 specifically repudiated by the Commission.

30 (4) Any State that joins the Compact subsequent to the  
31 Commission's initial adoption of the Rules and bylaws shall  
32 be subject to the Rules and bylaws as they exist on the date  
33 on which the Compact becomes law in that State. Any Rule  
34 that has been previously adopted by the Commission shall  
35 have the full force and effect of law on the day the Compact  
36 becomes law in that State.

37 2. Any Member State may withdraw from this Compact by  
38 enacting a statute repealing the same.

39 (1) A Member State's withdrawal shall not take effect  
40 until 180 days after enactment of the repealing statute.

41 (2) Withdrawal shall not affect the continuing  
42 requirement of the withdrawing State's Licensing Authority  
43 to comply with the investigative and Adverse Action  
44 reporting requirements of this Compact prior to the  
45 effective date of withdrawal.

46 (3) Upon the enactment of a statute withdrawing from  
47 this compact, a State shall immediately provide notice of  
48 such withdrawal to all Licensees within that State.  
49 Notwithstanding any subsequent statutory enactment to the  
50 contrary, such withdrawing State shall continue to recognize

51 all licenses granted pursuant to this compact for a minimum  
52 of 180 days after the date of such notice of withdrawal.

53 3. Nothing contained in this Compact shall be  
54 construed to invalidate or prevent any licensure agreement  
55 or other cooperative arrangement between a Member State and  
56 a non-Member State that does not conflict with the  
57 provisions of this Compact.

58 4. This Compact may be amended by the Member States.  
59 No amendment to this Compact shall become effective and  
60 binding upon any Member State until it is enacted into the  
61 laws of all Member States.

337.1070. 1. This Compact and the Commission's  
2 rulemaking authority shall be liberally construed so as to  
3 effectuate the purposes, and the implementation and  
4 administration of the Compact. Provisions of the Compact  
5 expressly authorizing or requiring the promulgation of Rules  
6 shall not be construed to limit the Commission's rulemaking  
7 authority solely for those purposes.

8 2. The provisions of this Compact shall be severable  
9 and if any phrase, clause, sentence or provision of this  
10 Compact is held by a court of competent jurisdiction to be  
11 contrary to the constitution of any Member State, a State  
12 seeking participation in the Compact, or of the United  
13 States, or the applicability thereof to any government,  
14 agency, person or circumstance is held to be  
15 unconstitutional by a court of competent jurisdiction, the  
16 validity of the remainder of this Compact and the  
17 applicability thereof to any other government, agency,  
18 person or circumstance shall not be affected thereby.

19 3. Notwithstanding subsection 2 of this section, the  
20 Commission may deny a State's participation in the Compact  
21 or, in accordance with the requirements of subsection 2 of

22 section 337.1060, terminate a Member State's participation  
23 in the Compact, if it determines that a constitutional  
24 requirement of a Member State is a material departure from  
25 the Compact. Otherwise, if this Compact shall be held to be  
26 contrary to the constitution of any Member State, the  
27 Compact shall remain in full force and effect as to the  
28 remaining Member States and in full force and effect as to  
29 the Member State affected as to all severable matters.

337.1075. 1. A Licensee providing services in a  
2 Remote State under a Multistate Authorization to Practice  
3 shall adhere to the laws and regulations, including laws,  
4 regulations, and applicable standards, of the Remote State  
5 where the client is located at the time care is rendered.

6 2. Nothing herein shall prevent or inhibit the  
7 enforcement of any other law of a Member State that is not  
8 inconsistent with the Compact.

9 3. Any laws, statutes, regulations, or other legal  
10 requirements in a Member State in conflict with the Compact  
11 are superseded to the extent of the conflict.

12 4. All permissible agreements between the Commission  
13 and the Member States are binding in accordance with their  
14 terms.

338.010. 1. The "practice of pharmacy" [means]  
2 includes:

3 (1) The interpretation, implementation, and evaluation  
4 of medical prescription orders, including any legend drugs  
5 under 21 U.S.C. Section 353[;], and the receipt,  
6 transmission, or handling of such orders or facilitating the  
7 dispensing of such orders;

8 (2) The designing, initiating, implementing, and  
9 monitoring of a medication therapeutic plan [as defined by  
10 the prescription order so long as the prescription order is

11 specific to each patient for care by a pharmacist] in  
12 accordance with the provisions of this section;

13 (3) The compounding, dispensing, labeling, and  
14 administration of drugs and devices pursuant to medical  
15 prescription orders [and administration of viral influenza,  
16 pneumonia, shingles, hepatitis A, hepatitis B, diphtheria,  
17 tetanus, pertussis, and meningitis vaccines by written  
18 protocol authorized by a physician for persons at least  
19 seven years of age or the age recommended by the Centers for  
20 Disease Control and Prevention, whichever is higher, or the  
21 administration of pneumonia, shingles, hepatitis A,  
22 hepatitis B, diphtheria, tetanus, pertussis, meningitis, and  
23 viral influenza vaccines by written protocol authorized by a  
24 physician for a specific patient as authorized by rule];

25 (4) The ordering and administration of vaccines  
26 approved or authorized by the U.S. Food and Drug  
27 Administration, excluding vaccines for cholera, monkeypox,  
28 Japanese encephalitis, typhoid, rabies, yellow fever, tick-  
29 borne encephalitis, anthrax, tuberculosis, dengue, Hib,  
30 polio, rotavirus, smallpox, and any vaccine approved after  
31 January 1, 2023, to persons at least seven years of age or  
32 the age recommended by the Centers for Disease Control and  
33 Prevention, whichever is older, pursuant to joint  
34 promulgation of rules established by the board of pharmacy  
35 and the state board of registration for the healing arts  
36 unless rules are established under a state of emergency as  
37 described in section 44.100;

38 (5) The participation in drug selection according to  
39 state law and participation in drug utilization reviews;

40 (6) The proper and safe storage of drugs and devices  
41 and the maintenance of proper records thereof;

42           (7) Consultation with patients and other health care  
43 practitioners, and veterinarians and their clients about  
44 legend drugs, about the safe and effective use of drugs and  
45 devices;

46           (8) The prescribing and dispensing of any nicotine  
47 replacement therapy product under section 338.665;

48           (9) The dispensing of HIV postexposure prophylaxis  
49 pursuant to section 338.730; and

50           (10) The offering or performing of those acts,  
51 services, operations, or transactions necessary in the  
52 conduct, operation, management and control of a pharmacy.

53           2. No person shall engage in the practice of pharmacy  
54 unless he or she is licensed under the provisions of this  
55 chapter.

56           3. This chapter shall not be construed to prohibit the  
57 use of auxiliary personnel under the direct supervision of a  
58 pharmacist from assisting the pharmacist in any of his or  
59 her duties. This assistance in no way is intended to  
60 relieve the pharmacist from his or her responsibilities for  
61 compliance with this chapter and he or she will be  
62 responsible for the actions of the auxiliary personnel  
63 acting in his or her assistance.

64           4. This chapter shall [also] not be construed to  
65 prohibit or interfere with any legally registered  
66 practitioner of medicine, dentistry, or podiatry, or  
67 veterinary medicine only for use in animals, or the practice  
68 of optometry in accordance with and as provided in sections  
69 195.070 and 336.220 in the compounding, administering,  
70 prescribing, or dispensing of his or her own prescriptions.

71           [2. Any pharmacist who accepts a prescription order  
72 for a medication therapeutic plan shall have a written

73 protocol from the physician who refers the patient for  
74 medication therapy services.]

75 **5. A pharmacist with a certificate of medication**  
76 **therapeutic plan authority may provide medication therapy**  
77 **services pursuant to a written protocol from a physician**  
78 **licensed under chapter 334 to patients who have established**  
79 **a physician-patient relationship, as described in**  
80 **subdivision (1) of subsection 1 of section 191.1146, with**  
81 **the protocol physician.** The written protocol [and the  
82 prescription order for a medication therapeutic plan]  
83 **authorized by this section** shall come **only** from the  
84 physician [only,] and shall not come from a nurse engaged in  
85 a collaborative practice arrangement under section 334.104,  
86 or from a physician assistant engaged in a collaborative  
87 practice arrangement under section 334.735.

88 [3.] **6.** Nothing in this section shall be construed as  
89 to prevent any person, firm or corporation from owning a  
90 pharmacy regulated by sections 338.210 to 338.315, provided  
91 that a licensed pharmacist is in charge of such pharmacy.

92 [4.] **7.** Nothing in this section shall be construed to  
93 apply to or interfere with the sale of nonprescription drugs  
94 and the ordinary household remedies and such drugs or  
95 medicines as are normally sold by those engaged in the sale  
96 of general merchandise.

97 [5.] **8.** No health carrier as defined in chapter 376  
98 shall require any physician with which they contract to  
99 enter into a written protocol with a pharmacist for  
100 medication therapeutic services.

101 [6.] **9.** This section shall not be construed to allow a  
102 pharmacist to diagnose or independently prescribe  
103 pharmaceuticals.

104 [7.] 10. The state board of registration for the  
105 healing arts, under section 334.125, and the state board of  
106 pharmacy, under section 338.140, shall jointly promulgate  
107 rules regulating the use of protocols [for prescription  
108 orders] for medication therapy services [and administration  
109 of viral influenza vaccines]. Such rules shall require  
110 protocols to include provisions allowing for timely  
111 communication between the pharmacist and the [referring]  
112 **protocol physician or similar body authorized by this**  
113 **section**, and any other patient protection provisions deemed  
114 appropriate by both boards. In order to take effect, such  
115 rules shall be approved by a majority vote of a quorum of  
116 each board. Neither board shall separately promulgate rules  
117 regulating the use of protocols for [prescription orders  
118 for] medication therapy services [and administration of  
119 viral influenza vaccines]. Any rule or portion of a rule,  
120 as that term is defined in section 536.010, that is created  
121 under the authority delegated in this section shall become  
122 effective only if it complies with and is subject to all of  
123 the provisions of chapter 536 and, if applicable, section  
124 536.028. This section and chapter 536 are nonseverable and  
125 if any of the powers vested with the general assembly  
126 pursuant to chapter 536 to review, to delay the effective  
127 date, or to disapprove and annul a rule are subsequently  
128 held unconstitutional, then the grant of rulemaking  
129 authority and any rule proposed or adopted after August 28,  
130 2007, shall be invalid and void.

131 [8.] 11. The state board of pharmacy may grant a  
132 certificate of medication therapeutic plan authority to a  
133 licensed pharmacist who submits proof of successful  
134 completion of a board-approved course of academic clinical  
135 study beyond a bachelor of science in pharmacy, including

136 but not limited to clinical assessment skills, from a  
137 nationally accredited college or university, or a  
138 certification of equivalence issued by a nationally  
139 recognized professional organization and approved by the  
140 board of pharmacy.

141 [9.] 12. Any pharmacist who has received a certificate  
142 of medication therapeutic plan authority may engage in the  
143 designing, initiating, implementing, and monitoring of a  
144 medication therapeutic plan as defined by a [prescription  
145 order] **written protocol** from a physician that [is] **may be**  
146 specific to each patient for care by a pharmacist.

147 [10.] 13. Nothing in this section shall be construed  
148 to allow a pharmacist to make a therapeutic substitution of  
149 a pharmaceutical prescribed by a physician unless authorized  
150 by the written protocol or the physician's prescription  
151 order.

152 [11.] 14. "Veterinarian", "doctor of veterinary  
153 medicine", "practitioner of veterinary medicine", "DVM",  
154 "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS",  
155 or an equivalent title means a person who has received a  
156 doctor's degree in veterinary medicine from an accredited  
157 school of veterinary medicine or holds an Educational  
158 Commission for Foreign Veterinary Graduates (EDFVG)  
159 certificate issued by the American Veterinary Medical  
160 Association (AVMA).

161 [12.] 15. In addition to other requirements  
162 established by the joint promulgation of rules by the board  
163 of pharmacy and the state board of registration for the  
164 healing arts:

165 (1) A pharmacist shall administer vaccines by protocol  
166 in accordance with treatment guidelines established by the  
167 Centers for Disease Control and Prevention (CDC);

168           (2) A pharmacist who is administering a vaccine shall  
169 request a patient to remain in the pharmacy a safe amount of  
170 time after administering the vaccine to observe any adverse  
171 reactions. Such pharmacist shall have adopted emergency  
172 treatment protocols[;].

173           [(3)] 16. In addition to other requirements by the  
174 board, a pharmacist shall receive additional training as  
175 required by the board and evidenced by receiving a  
176 certificate from the board upon completion, and shall  
177 display the certification in his or her pharmacy where  
178 vaccines are delivered.

179           [13.] 17. A pharmacist shall inform the patient that  
180 the administration of [the] a vaccine will be entered into  
181 the ShowMeVax system, as administered by the department of  
182 health and senior services. The patient shall attest to the  
183 inclusion of such information in the system by signing a  
184 form provided by the pharmacist. If the patient indicates  
185 that he or she does not want such information entered into  
186 the ShowMeVax system, the pharmacist shall provide a written  
187 report within fourteen days of administration of a vaccine  
188 to the patient's health care provider, if provided by the  
189 patient, containing:

- 190           (1) The identity of the patient;
- 191           (2) The identity of the vaccine or vaccines  
192 administered;
- 193           (3) The route of administration;
- 194           (4) The anatomic site of the administration;
- 195           (5) The dose administered; and
- 196           (6) The date of administration.

197           **18. A pharmacist licensed under this chapter may order**  
198 **and administer vaccines approved or authorized by the U.S.**  
199 **Food and Drug Administration to address a public health**

200 need, as lawfully authorized by the state or federal  
201 government, or a department or agency thereof, during a  
202 state or federally declared public health emergency.

338.012. 1. A pharmacist with a certificate of  
2 medication therapeutic plan authority may provide influenza,  
3 group A streptococcus, and COVID-19 medication therapy  
4 services pursuant to a statewide standing order issued by  
5 the director or chief medical officer of the department of  
6 health and senior services if that person is a licensed  
7 physician, or a licensed physician designated by the  
8 department of health and senior services.

9 2. The state board of registration for the healing  
10 arts, pursuant to section 334.125, and the state board of  
11 pharmacy, pursuant to section 338.140, shall jointly  
12 promulgate rules to implement the provisions of this  
13 section. Any rule or portion of a rule, as that term is  
14 defined in section 536.010, that is created under the  
15 authority delegated in this section shall become effective  
16 only if it complies with and is subject to all of the  
17 provisions of chapter 536 and, if applicable, section  
18 536.028. This section and chapter 536 are nonseverable and  
19 if any of the powers vested with the general assembly  
20 pursuant to chapter 536 to review, to delay the effective  
21 date, or to disapprove and annul a rule are subsequently  
22 held unconstitutional, then the grant of rulemaking  
23 authority and any rule proposed or adopted after August 28,  
24 2023, shall be invalid and void.

340.200. When used in sections 340.200 to 340.330, the  
2 following terms mean:

3 (1) "Accredited school of veterinary medicine", any  
4 veterinary college or division of a university or college  
5 that offers the degree of doctor of veterinary medicine or

6 its equivalent and is accredited by the American Veterinary  
7 Medical Association (AVMA);

8 (2) "Animal", any wild, exotic or domestic, living or  
9 dead animal or mammal other than man, including birds, fish  
10 and reptiles;

11 (3) "Animal chiropractic", the examination and  
12 treatment of an animal through vertebral subluxation complex  
13 or spinal, joint, or musculoskeletal manipulation by an  
14 animal chiropractic practitioner. The term "animal  
15 chiropractic" shall not be construed to require supervision  
16 by a licensed veterinarian to practice or to allow the  
17 diagnosing of an animal; the performing of surgery; the  
18 dispensing, prescribing, or administering of medications,  
19 drugs, or biologics; or the performance of any other type of  
20 veterinary medicine when performed by an individual licensed  
21 by the state board of chiropractic examiners;

22 (4) "Animal chiropractic practitioner":

23 (a) A licensed veterinarian; or

24 (b) An individual who is licensed by the state board  
25 of chiropractic examiners to engage in the practice of  
26 chiropractic, as defined in section 331.010; who is  
27 certified by the AVCA, IVCA, or other equivalent certifying  
28 body; who has graduated from a certification course in  
29 animal chiropractic with not less than two hundred ten hours  
30 of instruction; and whose practice of animal chiropractic  
31 shall be regulated by the state board of chiropractic  
32 examiners under chapter 331;

33 (5) "Applicant", an individual who files an  
34 application to be licensed to practice veterinary medicine  
35 or to be registered as a veterinary technician;

36 [(4)] (6) "Appointed member of the board", regularly  
37 appointed members of the Missouri veterinary medical board,

38 not including the state veterinarian who serves on the board  
39 ex officio;

40 [(5)] (7) "AVCA", the American Veterinary Chiropractic  
41 Association or its successor organization;

42 (8) "Board", the Missouri veterinary medical board;

43 [(6)] (9) "Consulting veterinarian", a veterinarian  
44 licensed in another state, country or territory who gives  
45 advice or demonstrates techniques to a licensed Missouri  
46 veterinarian or group of licensed Missouri veterinarians;

47 [(7)] (10) "ECFVG certificate", a certificate issued  
48 by the American Veterinary Medical Association Educational  
49 Commission for Foreign Veterinary Graduates or its  
50 successor. The certificate must indicate that the holder of  
51 the certificate has demonstrated knowledge and skill  
52 equivalent to that possessed by a graduate of an accredited  
53 school of veterinary medicine;

54 [(8)] (11) "Emergency", when an animal has been placed  
55 in a life-threatening condition and immediate treatment is  
56 necessary to sustain life or where death is imminent and  
57 action is necessary to relieve pain or suffering;

58 [(9)] (12) "Faculty member", full professors,  
59 assistant professors, associate professors, clinical  
60 instructors and residents but does not include interns or  
61 adjunct appointments;

62 [(10)] (13) "Foreign veterinary graduate", any person,  
63 including foreign nationals and American citizens, who has  
64 received a professional veterinary medical degree from an  
65 AVMA listed veterinary college located outside the  
66 boundaries of the United States, its territories or Canada,  
67 that is not accredited by the AVMA;

68 [(11)] (14) "IVCA", the International Veterinary  
69 Chiropractic Association or its successor organization;

70           **(15)** "License", any permit, approval, registration or  
71 certificate issued or renewed by the board;

72           **[(12)] (16)** "Licensed veterinarian", an individual who  
73 is validly and currently licensed to practice veterinary  
74 medicine in Missouri as determined by the board in  
75 accordance with the requirements and provisions of sections  
76 340.200 to 340.330;

77           **[(13)] (17)** "Minimum standards", standards as set by  
78 board rule and which establish the minimum requirements for  
79 the practice of veterinary medicine in the state of Missouri  
80 as are consistent with the intent and purpose of sections  
81 340.200 to 340.330;

82           **[(14)] (18)** "Person", any individual, firm,  
83 partnership, association, joint venture, cooperative or  
84 corporation or any other group or combination acting in  
85 concert; whether or not acting as principal, trustee,  
86 fiduciary, receiver, or as any kind of legal or personal  
87 representative or as the successor in interest, assigning  
88 agent, factor, servant, employee, director, officer or any  
89 other representative of such person;

90           **[(15)] (19)** "Practice of veterinary medicine", to  
91 represent directly, indirectly, publicly or privately an  
92 ability and willingness to do any act described in  
93 subdivision **[(28)] (32)** of this section;

94           **[(16)] (20)** "Provisional license", a license issued to  
95 a person while that person is engaged in a veterinary  
96 candidacy program;

97           **[(17)] (21)** "Registered veterinary technician", a  
98 person who is formally trained for the specific purpose of  
99 assisting a licensed veterinarian with technical services  
100 under the appropriate level of supervision as is consistent  
101 with the particular delegated animal health care task;

102 [(18)] (22) "Supervision":

103 (a) "Immediate supervision", the licensed veterinarian  
104 is in the immediate area and within audible and visual range  
105 of the animal patient and the person treating the patient;

106 (b) "Direct supervision", the licensed veterinarian is  
107 on the premises where the animal is being treated and is  
108 quickly and easily available and the animal has been  
109 examined by a licensed veterinarian at such times as  
110 acceptable veterinary medical practice requires consistent  
111 with the particular delegated animal health care task;

112 (c) "Indirect supervision", the licensed veterinarian  
113 need not be on the premises but has given either written or  
114 oral instructions for the treatment of the animal patient or  
115 treatment protocol has been established and the animal has  
116 been examined by a licensed veterinarian at such times as  
117 acceptable veterinary medical practice requires consistent  
118 with the particular delegated health care task; provided  
119 that the patient is not in a surgical plane of anesthesia  
120 and the licensed veterinarian is available for consultation  
121 on at least a daily basis;

122 [(19)] (23) "Supervisor", a licensed veterinarian  
123 employing or utilizing the services of a registered  
124 veterinary technician, veterinary intern, temporary  
125 provisional licensee, veterinary medical student,  
126 unregistered assistant or any other individual working under  
127 that veterinarian's supervision;

128 [(20)] (24) "Temporary license", any temporary  
129 permission to practice veterinary medicine issued by the  
130 board pursuant to section 340.248;

131 [(21)] (25) "Unregistered assistant", any individual  
132 who is not a registered veterinary technician or licensed  
133 veterinarian and is employed by a licensed veterinarian;

134 [(22)] (26) "Veterinarian", "doctor of veterinary  
135 medicine", "DVM", "VMD", or equivalent title, a person who  
136 has received a doctor's degree in veterinary medicine from  
137 an accredited school of veterinary medicine or holds a ECFVG  
138 certificate issued by the AVMA;

139 [(23)] (27) "Veterinarian-client-patient  
140 relationship", the veterinarian has assumed the  
141 responsibility for making medical judgments regarding the  
142 health of the animal and the need for medical treatment, and  
143 the client, owner or owner's agent has agreed to follow the  
144 instructions of the veterinarian. There is sufficient  
145 knowledge of the animal by the veterinarian to initiate at  
146 least a general or preliminary diagnosis of the medical  
147 condition of the animal. Veterinarian-client-patient  
148 relationship means that the veterinarian has recently seen  
149 and is personally acquainted with the keeping and care of  
150 the animal by virtue of an examination or by medically  
151 appropriate and timely visits to the premises where the  
152 animal is kept. The practicing veterinarian is readily  
153 available for follow-up care in case of adverse reactions or  
154 failure of the prescribed course of therapy;

155 [(24)] (28) "Veterinary candidacy program", a program  
156 by which a person who has received a doctor of veterinary  
157 medicine or equivalent degree from an accredited school of  
158 veterinary medicine can obtain the practical experience  
159 required for licensing in Missouri pursuant to sections  
160 340.200 to 340.330;

161 [(25)] (29) "Veterinary facility", any place or unit  
162 from which the practice of veterinary medicine is conducted,  
163 including but not limited to the following:

164 (a) "Veterinary or animal hospital or clinic", a  
165 facility that meets or exceeds all physical requirements and

166 minimum standards as established by board rule for  
167 veterinary facilities; provides quality examination,  
168 diagnostic and health maintenance services for medical and  
169 surgical treatment of animals and is equipped to provide  
170 housing and nursing care for animals during illness or  
171 convalescence;

172 (b) "Specialty practice or clinic", a facility that  
173 provides complete specialty service by a licensed  
174 veterinarian who has advanced training in a specialty and is  
175 a diplomate of an approved specialty board. A specialty  
176 practice or clinic shall meet all minimum standards which  
177 are applicable to a specialty as established by board rule;

178 (c) "Central hospital", a facility that meets all  
179 requirements of a veterinary or animal hospital or clinic as  
180 defined in paragraph (a) of this subdivision and other  
181 requirements as established by board rule, and which  
182 provides specialized care, including but not limited to  
183 twenty-four-hour nursing care and specialty consultation on  
184 permanent or on-call basis. A central hospital shall be  
185 utilized primarily on referral from area veterinary  
186 hospitals or clinics;

187 (d) "Satellite, outpatient or mobile small animal  
188 clinic", a supportive facility owned by or associated with  
189 and has ready access to a full-service veterinary hospital  
190 or clinic or a central hospital providing all mandatory  
191 services and meeting all physical requirements and minimum  
192 standards as established by sections 340.200 to 340.330 or  
193 by board rule;

194 (e) "Large animal mobile clinic", a facility that  
195 provides examination, diagnostic and preventive medicine and  
196 minor surgical services for large animals not requiring  
197 confinement or hospitalization;

198 (f) "Emergency clinic", a facility established to  
199 receive patients and to treat illnesses and injuries of an  
200 emergency nature;

201 [(26)] (30) "Veterinary candidate", a person who has  
202 received a doctor of veterinary medicine or equivalent  
203 degree from an accredited school or college of veterinary  
204 medicine and who is working under the supervision of a board-  
205 approved licensed veterinarian;

206 [(27)] (31) "Veterinary intern", a person who has  
207 received a doctor of veterinary medicine or equivalent  
208 degree from an accredited school or college of veterinary  
209 medicine and who is participating in additional clinical  
210 training in veterinary medicine to prepare for AVMA-  
211 recognized certification or specialization;

212 [(28)] (32) "Veterinary medicine", the science of  
213 diagnosing, treating, changing, alleviating, rectifying,  
214 curing or preventing any animal disease, deformity, defect,  
215 injury or other physical or mental condition, including, but  
216 not limited to, the prescription or administration of any  
217 drug, medicine, biologic, apparatus, application, anesthesia  
218 or other therapeutic or diagnostic substance or technique on  
219 any animal, including, but not limited to, acupuncture,  
220 dentistry, animal psychology, animal chiropractic,  
221 theriogenology, surgery, both general and cosmetic surgery,  
222 any manual, mechanical, biological or chemical procedure for  
223 testing for pregnancy or for correcting sterility or  
224 infertility or to render service or recommendations with  
225 regard to any of the procedures in this [paragraph]  
226 **subdivision;**

227 [(29)] (33) "Veterinary student preceptee", a person  
228 who is pursuing a veterinary degree in an accredited school

229 of veterinary medicine which has a preceptor program and who  
230 has completed the academic requirements of such program.

340.216. 1. It is unlawful for any person not  
2 licensed as a veterinarian under the provisions of sections  
3 340.200 to 340.330 to practice veterinary medicine or to do  
4 any act which requires knowledge of veterinary medicine for  
5 valuable consideration, or for any person not so licensed to  
6 hold himself or herself out to the public as a practitioner  
7 of veterinary medicine by advertisement, the use of any  
8 title or abbreviation with the person's name, or otherwise;  
9 except that nothing in sections 340.200 to 340.330 shall be  
10 construed as prohibiting:

11 (1) Any person from gratuitously providing emergency  
12 treatment, aid or assistance to animals where a licensed  
13 veterinarian is not available within a reasonable length of  
14 time if the person does not represent himself or herself to  
15 be a veterinarian or use any title or degree appertaining to  
16 the practice thereof;

17 (2) Acts of a person who is a student in good standing  
18 in a school or college of veterinary medicine or while  
19 working as a student preceptee, in performing duties or  
20 functions assigned by the student's instructors, or while  
21 working under the appropriate level of supervision of a  
22 licensed veterinarian as is consistent with the particular  
23 delegated animal health care task as established by board  
24 rule, and acts performed by a student in a school or college  
25 of veterinary medicine recognized by the board and performed  
26 as part of the education and training curriculum of the  
27 school under the supervision of the faculty. The  
28 unsupervised or unauthorized practice of veterinary  
29 medicine, even though on the premises of a school or college  
30 of veterinary medicine, is prohibited;

31           (3) Personnel employed by the United States Department  
32 of Agriculture or the Missouri department of agriculture  
33 from engaging in animal disease, parasite control or  
34 eradication programs, or other functions specifically  
35 required and authorized to be performed by unlicensed  
36 federal or state officials under any lawful act or statute,  
37 except that this exemption shall not apply to such persons  
38 not actively engaged in performing or fulfilling their  
39 official duties and responsibilities;

40           (4) Any merchant or manufacturer from selling drugs,  
41 medicine, appliances or other products used in the  
42 prevention or treatment of animal diseases if such drug,  
43 medicine, appliance or other product is not marked by the  
44 appropriate federal label. Such merchants or manufacturers  
45 shall not, either directly or indirectly, attempt to  
46 diagnose a symptom or disease in order to advise treatment,  
47 use of drugs, medicine, appliances or other products;

48           (5) The owner of any animal or animals and the owner's  
49 full-time employees from caring for and treating any animals  
50 belonging to such owner, with or without the advice and  
51 consultation of a licensed veterinarian, provided that the  
52 ownership of the animal or animals is not transferred, or  
53 employment changed, to avoid the provisions of sections  
54 340.200 to 340.330; however, only a licensed veterinarian  
55 may immunize or treat an animal for diseases which are  
56 communicable to humans and which are of public health  
57 significance, except as otherwise provided for by board rule;

58           (6) Any graduate of any accredited school of  
59 veterinary medicine while engaged in a veterinary candidacy  
60 program or foreign graduate from a nonaccredited school or  
61 college of veterinary medicine while engaged in a veterinary  
62 candidacy program or clinical evaluation program, and while

63 under the appropriate level of supervision of a licensed  
64 veterinarian performing acts which are consistent with the  
65 particular delegated animal health care task;

66 (7) State agencies, accredited schools, institutions,  
67 foundations, business corporations or associations,  
68 physicians licensed to practice medicine and surgery in all  
69 its branches, graduate doctors of veterinary medicine, or  
70 persons under the direct supervision thereof from conducting  
71 experiments and scientific research on animals in the  
72 development of pharmaceuticals, biologicals, serums, or  
73 methods of treatment, or techniques for the diagnosis or  
74 treatment of human ailments, or when engaged in the study  
75 and development of methods and techniques directly or  
76 indirectly applicable to the problems of the practice of  
77 veterinary medicine;

78 (8) Any veterinary technician, duly registered by, and  
79 in good standing with, the board from administering  
80 medication, appliances or other products for the treatment  
81 of animals while under the appropriate level of supervision  
82 as is consistent with the delegated animal health care task;  
83 [and]

84 (9) A consulting veterinarian while working in a  
85 consulting capacity in Missouri while under the immediate  
86 supervision of a veterinarian licensed and in good standing  
87 under sections 340.200 to 340.330; and

88 (10) **Any animal chiropractic practitioner from**  
89 **engaging in the practice of animal chiropractic if the**  
90 **animal chiropractic practitioner has received a referral of**  
91 **the animal from a licensed veterinarian with a current**  
92 **veterinarian-client-patient relationship, as defined in**  
93 **section 340.200. The referring veterinarian may limit the**  
94 **number of visits or length of treatment at the time of**

95 **referral or after consultation with the animal chiropractic**  
96 **practitioner.**

97 2. Nothing in sections 340.200 to 340.330 shall be  
98 construed as limiting the board's authority to provide other  
99 exemptions or exceptions to the requirements of licensing as  
100 the board may find necessary or appropriate under its  
101 rulemaking authority.

340.218. The use of any title, words, abbreviations,  
2 letters or symbol in a manner or under circumstances which  
3 induce the reasonable belief that the person using them is  
4 qualified to do any act described in subdivision [(24)] (32)  
5 of section 340.200 is prima facie evidence of the intention  
6 to represent such person as engaged in the practice of  
7 veterinary medicine under sections 340.200 to 340.330.

340.222. 1. A supervisor, as defined in subdivision  
2 [(19)] (23) of section 340.200, is individually and  
3 separately responsible and liable for the performance of the  
4 acts delegated to and the omissions of the veterinary  
5 technician, veterinary medical candidate, temporary  
6 licensee, veterinary medical preceptee, unregistered  
7 assistant or any other individual working under his or her  
8 supervision.

9 2. Nothing in this section shall be construed to  
10 relieve veterinary technicians, veterinary medical  
11 candidates, provisional licensees, temporary licensees,  
12 veterinary medical preceptees or unregistered assistants of  
13 any responsibility or liability for any of their own acts or  
14 omissions.

**344.045. 1. The board shall receive complaints**  
2 **concerning its licensees' professional practices. The board**  
3 **shall establish by rule a procedure for the handling of such**  
4 **complaints prior to the filing of formal complaints before**

5 the administrative hearing commission. The rule shall  
6 provide, at a minimum, for the logging of each complaint  
7 received, the recording of the licensee's name, the name of  
8 the complaining party, the date of the complaint, and a  
9 brief statement of the complaint and its ultimate  
10 disposition. The rule shall provide for informing the  
11 complaining party of the progress of the investigation, the  
12 dismissal of the charges, or the filing of a complaint  
13 before the administrative hearing commission.

14 2. Notwithstanding any other provision of law, no  
15 complaint, investigatory report, or information received  
16 from any source shall be disclosed prior to its review by  
17 the board.

18 3. At its discretion, the board may disclose  
19 complaints, completed investigatory reports, and information  
20 obtained from state administrative and law enforcement  
21 agencies to a licensee or license applicant in order to  
22 further an investigation or to facilitate settlement  
23 negotiations.

24 4. Information obtained from a federal administrative  
25 or law enforcement agency shall be disclosed only upon  
26 receipt of written consent to the disclosure from the  
27 federal administrative or law enforcement agency.

28 5. At its discretion, the board may disclose  
29 complaints and investigatory reports if any such disclosure  
30 is:

31 (1) In the course of voluntary interstate exchange of  
32 information;

33 (2) In accordance with a lawful request; or

34 (3) To other state or federal administrative or law  
35 enforcement agencies acting within the scope of their  
36 statutory authority.

37           6. Except where disclosure is specifically authorized  
38 in this section and as described in section 610.021,  
39 deliberations, votes, or minutes of closed proceedings shall  
40 not be subject to disclosure or discovery. Once a final  
41 disposition is rendered, that decision shall be made  
42 available to the parties and the public.

          344.055. 1. All educational transcripts, test scores,  
2 complaints, investigatory reports, and information  
3 pertaining to any person who is an applicant or licensee of  
4 the board are confidential and shall not be disclosed to the  
5 public or any member of the public, except with the written  
6 consent of the person whose records are involved. The board  
7 shall disclose the records or information if the person  
8 whose records or information is involved has consented to  
9 the disclosure. The board is entitled to the attorney-  
10 client privilege and work-product privilege to the same  
11 extent as any other person.

          2. Notwithstanding the provisions of subsection 1 of  
13 this section, the board may disclose confidential  
14 information without the consent of the person involved if  
15 the disclosure is:

16           (1) In the course of voluntary interstate exchange of  
17 information;

18           (2) In accordance with a lawful request; or

19           (3) To other administrative or law enforcement  
20 agencies acting within the scope of their statutory  
21 authority.

          3. Information regarding identity, including names and  
23 addresses, registration, and currency of the license of the  
24 persons possessing nursing home administrator licenses and  
25 the names and addresses of applicants for nursing home  
26 administrator licenses, is not confidential information.

344.102. No person shall practice as a nursing home administrator in this state or hold himself or herself out as a nursing home administrator if his or her license is expired or is revoked. Expired licenses shall remain subject to disciplinary action for violations of this chapter and the rules promulgated thereunder.

Section 1. The department of health and senior services shall include on its website an advance health care directive form and directions for completing such form as described in section 459.015. The department shall include a listing of possible uses for an advance health care directive, including to limit pain control to nonopioid measures.

[191.500. As used in sections 191.500 to 191.550, unless the context clearly indicates otherwise, the following terms mean:

(1) "Area of defined need", a community or section of an urban area of this state which is certified by the department of health and senior services as being in need of the services of a physician to improve the patient-doctor ratio in the area, to contribute professional physician services to an area of economic impact, or to contribute professional physician services to an area suffering from the effects of a natural disaster;

(2) "Department", the department of health and senior services;

(3) "Eligible student", a full-time student accepted and enrolled in a formal course of instruction leading to a degree of doctor of medicine or doctor of osteopathy, including psychiatry, at a participating school, or a doctor of dental surgery, doctor of dental medicine, or a bachelor of science degree in dental hygiene;

(4) "Financial assistance", an amount of money paid by the state of Missouri to a qualified applicant pursuant to sections 191.500 to 191.550;

(5) "Participating school", an institution of higher learning within this state which grants the degrees of doctor of medicine or doctor of osteopathy, and which is accredited in the appropriate degree program by the American Medical Association or the American Osteopathic

34 Association, or a degree program by the American  
35 Dental Association or the American Psychiatric  
36 Association, and applicable residency programs  
37 for each degree type and discipline;

38 (6) "Primary care", general or family  
39 practice, internal medicine, pediatric ,  
40 psychiatric, obstetric and gynecological care as  
41 provided to the general public by physicians  
42 licensed and registered pursuant to chapter 334,  
43 dental practice, or a dental hygienist licensed  
44 and registered pursuant to chapter 332;

45 (7) "Resident", any natural person who has  
46 lived in this state for one or more years for  
47 any purpose other than the attending of an  
48 educational institution located within this  
49 state;

50 (8) "Rural area", a town or community  
51 within this state which is not within a standard  
52 metropolitan statistical area, and has a  
53 population of six thousand or fewer inhabitants  
54 as determined by the last preceding federal  
55 decennial census or any unincorporated area not  
56 within a standard metropolitan statistical area.]

2 [191.505. The department of health and  
3 senior services shall be the administrative  
4 agency for the implementation of the program  
5 established by sections 191.500 to 191.550. The  
6 department shall promulgate reasonable rules and  
7 regulations for the exercise of its functions in  
8 the effectuation of the purposes of sections  
9 191.500 to 191.550. It shall prescribe the form  
10 and the time and method of filing applications  
and supervise the processing thereof.]

2 [191.510. The department shall enter into  
3 a contract with each applicant receiving a state  
4 loan under sections 191.500 to 191.550 for  
5 repayment of the principal and interest and for  
6 forgiveness of a portion thereof for  
7 participation in the service areas as provided  
in sections 191.500 to 191.550.]

2 [191.515. An eligible student may apply to  
3 the department for a loan under sections 191.500  
4 to 191.550 only if, at the time of his  
5 application and throughout the period during  
6 which he receives the loan, he has been formally  
7 accepted as a student in a participating school  
8 in a course of study leading to the degree of  
9 doctor of medicine or doctor of osteopathy,  
10 including psychiatry, or a doctor of dental  
11 surgery, a doctor of dental medicine, or a  
12 bachelor of science degree in dental hygiene,  
and is a resident of this state.]

2 [191.520. No loan to any eligible student  
3 shall exceed twenty-five thousand dollars for  
each academic year, which shall run from August

4 first of any year through July thirty-first of  
5 the following year. All loans shall be made  
6 from funds appropriated to the medical school  
7 loan and loan repayment program fund created by  
8 section 191.600, by the general assembly.]

2 [191.525. No more than twenty-five loans  
3 shall be made to eligible students during the  
4 first academic year this program is in effect.  
5 Twenty-five new loans may be made for the next  
6 three academic years until a total of one  
7 hundred loans are available. At least one-half  
8 of the loans shall be made to students from  
9 rural areas as defined in section 191.500. An  
10 eligible student may receive loans for each  
11 academic year he is pursuing a course of study  
12 directly leading to a degree of doctor of  
13 medicine or doctor of osteopathy, doctor of  
14 dental surgery, or doctor of dental medicine, or  
a bachelor of science degree in dental hygiene.]

2 [191.530. Interest at the rate of nine and  
3 one-half percent per year shall be charged on  
4 all loans made under sections 191.500 to 191.550  
5 but one-fourth of the interest and principal of  
6 the total loan at the time of the awarding of  
7 the degree shall be forgiven for each year of  
8 participation by an applicant in the practice of  
9 his profession in a rural area or an area of  
10 defined need. The department shall grant a  
11 deferral of interest and principal payments to a  
12 loan recipient who is pursuing an internship or  
13 a residency in primary care. The deferral shall  
14 not exceed three years. The status of each loan  
15 recipient receiving a deferral shall be reviewed  
16 annually by the department to ensure compliance  
17 with the intent of this provision. The loan  
18 recipient will repay the loan beginning with the  
19 calendar year following completion of his  
20 internship or his primary care residency in  
accordance with the loan contract.]

2 [191.535. If a student ceases his study  
3 prior to receiving a degree, interest at the  
4 rate specified in section 191.530 shall be  
5 charged on the amount received from the state  
6 under the provisions of sections 191.500 to  
191.550.]

2 [191.540. 1. The department shall  
3 establish schedules and procedures for repayment  
4 of the principal and interest of any loan made  
5 under the provisions of sections 191.500 to  
6 191.550 and not forgiven as provided in section  
7 191.530.]

8 2. A penalty shall be levied against a  
9 person in breach of contract. Such penalty shall  
10 be twice the sum of the principal and the  
accrued interest.]

2 [191.545. When necessary to protect the  
3 interest of the state in any loan transaction  
4 under sections 191.500 to 191.550, the board may  
institute any action to recover any amount due.]

2 [191.550. The contracts made with the  
3 participating students shall be approved by the  
attorney general.]

2 [335.212. As used in sections 335.212 to  
335.242, the following terms mean:

3 (1) "Board", the Missouri state board of  
4 nursing;

5 (2) "Department", the Missouri department  
6 of health and senior services;

7 (3) "Director", director of the Missouri  
8 department of health and senior services;

9 (4) "Eligible student", a resident who has  
10 been accepted as a full-time student in a formal  
11 course of instruction leading to an associate  
12 degree, a diploma, a bachelor of science, a  
13 master of science in nursing (M.S.N.), a  
14 doctorate in nursing (Ph.D. or D.N.P.), or a  
15 student with a master of science in nursing  
16 seeking a doctorate in education (Ed.D.), or  
17 leading to the completion of educational  
18 requirements for a licensed practical nurse.  
19 The doctoral applicant may be a part-time  
20 student;

21 (5) "Participating school", an institution  
22 within this state which is approved by the board  
23 for participation in the professional and  
24 practical nursing student loan program  
25 established by sections 335.212 to 335.242,  
26 having a nursing department and offering a  
27 course of instruction based on nursing theory  
28 and clinical nursing experience;

29 (6) "Qualified applicant", an eligible  
30 student approved by the board for participation  
31 in the professional and practical nursing  
32 student loan program established by sections  
33 335.212 to 335.242;

34 (7) "Qualified employment", employment on  
35 a full-time basis in Missouri in a position  
36 requiring licensure as a licensed practical  
37 nurse or registered professional nurse in any  
38 hospital as defined in section 197.020 or in any  
39 agency, institution, or organization located in  
40 an area of need as determined by the department  
41 of health and senior services. Any forgiveness  
42 of such principal and interest for any qualified  
43 applicant engaged in qualified employment on a  
44 less than full-time basis may be prorated to  
45 reflect the amounts provided in this section;

46 (8) "Resident", any person who has lived  
47 in this state for one or more years for any  
48 purpose other than the attending of an

49 educational institution located within this  
50 state.]

[335.215. 1. The department of health and  
2 senior services shall be the administrative  
3 agency for the implementation of the  
4 professional and practical nursing student loan  
5 program established under sections 335.212 to  
6 335.242, and the nursing student loan repayment  
7 program established under sections 335.245 to  
8 335.259.]

9 2. An advisory panel of nurses shall be  
10 appointed by the director. It shall be composed  
11 of not more than eleven members representing  
12 practical, associate degree, diploma,  
13 baccalaureate and graduate nursing education,  
14 community health, primary care, hospital, long-  
15 term care, a consumer, and the Missouri state  
16 board of nursing. The panel shall make  
17 recommendations to the director on the content  
18 of any rules, regulations or guidelines prior to  
19 their promulgation. The panel may make  
20 recommendations to the director regarding fund  
21 allocations for loans and loan repayment based  
22 on current nursing shortage needs.]

23 3. The department of health and senior  
24 services shall promulgate reasonable rules and  
25 regulations for the exercise of its function  
26 pursuant to sections 335.212 to 335.259. It  
27 shall prescribe the form, the time and method of  
28 filing applications and supervise the  
29 proceedings thereof. No rule or portion of a  
30 rule promulgated under the authority of sections  
31 335.212 to 335.257 shall become effective unless  
32 it has been promulgated pursuant to the  
33 provisions of section 536.024.]

34 4. Ninety-five percent of funds loaned  
35 pursuant to sections 335.212 to 335.242 shall be  
36 loaned to qualified applicants who are enrolled  
37 in professional nursing programs in  
38 participating schools and five percent of the  
39 funds loaned pursuant to sections 335.212 to  
40 335.242 shall be loaned to qualified applicants  
41 who are enrolled in practical nursing programs.  
42 Priority shall be given to eligible students who  
43 have established financial need. All loan  
44 repayment funds pursuant to sections 335.245 to  
45 335.259 shall be used to reimburse successful  
46 associate, diploma, baccalaureate or graduate  
47 professional nurse applicants' educational loans  
48 who agree to serve in areas of defined need as  
49 determined by the department.]

[335.218. There is hereby established the  
2 "Professional and Practical Nursing Student Loan  
3 and Nurse Loan Repayment Fund". All fees  
4 pursuant to section 335.221, general revenue  
5 appropriations to the student loan or loan

6 repayment program, voluntary contributions to  
7 support or match the student loan and loan  
8 repayment program activities, funds collected  
9 from repayment and penalties, and funds received  
10 from the federal government shall be deposited  
11 in the state treasury and be placed to the  
12 credit of the professional and practical nursing  
13 student loan and nurse loan repayment fund. The  
14 fund shall be managed by the department of  
15 health and senior services and all  
16 administrative costs and expenses incurred as a  
17 result of the effectuation of sections 335.212  
18 to 335.259 shall be paid from this fund.]

2 [335.221. The board, in addition to any  
3 other duties it may have regarding licensure of  
4 nurses, shall collect, at the time of licensure  
5 or licensure renewal, an education surcharge  
6 from each person licensed or relicensed pursuant  
7 to sections 335.011 to 335.096, in the amount of  
8 one dollar per year for practical nurses and  
9 five dollars per year for professional nurses.  
10 These funds shall be deposited in the  
11 professional and practical nursing student loan  
12 and nurse loan repayment fund. All expenditures  
13 authorized by sections 335.212 to 335.259 shall  
14 be paid from funds appropriated by the general  
15 assembly from the professional and practical  
16 nursing student loan and nurse loan repayment  
17 fund. The provisions of section 33.080 to the  
18 contrary notwithstanding, money in this fund  
19 shall not be transferred and placed to the  
credit of general revenue.]

2 [335.224. The department of health and  
3 senior services shall enter into a contract with  
4 each qualified applicant receiving financial  
5 assistance under the provisions of sections  
6 335.212 to 335.242 for repayment of the  
principal and interest.]

2 [335.227. An eligible student may apply to  
3 the department for financial assistance under  
4 the provisions of sections 335.212 to 335.242  
5 if, at the time of his application for a loan,  
6 the eligible student has formally applied for  
7 acceptance at a participating school. Receipt  
8 of financial assistance is contingent upon  
9 acceptance and continued enrollment at a  
participating school.]

2 [335.230. Financial assistance to any  
3 qualified applicant shall not exceed ten  
4 thousand dollars for each academic year for a  
5 professional nursing program and shall not  
6 exceed five thousand dollars for each academic  
7 year for a practical nursing program. All  
8 financial assistance shall be made from funds  
credited to the professional and practical

9 nursing student loan and nurse loan repayment  
10 fund. A qualified applicant may receive  
11 financial assistance for each academic year he  
12 remains a student in good standing at a  
13 participating school.]

2 [335.233. The department shall establish  
3 schedules for repayment of the principal and  
4 interest on any financial assistance made under  
5 the provisions of sections 335.212 to 335.242.  
6 Interest at the rate of nine and one-half  
7 percent per annum shall be charged on all  
8 financial assistance made under the provisions  
9 of sections 335.212 to 335.242, but the interest  
10 and principal of the total financial assistance  
11 granted to a qualified applicant at the time of  
12 the successful completion of a nursing degree,  
13 diploma program or a practical nursing program  
shall be forgiven through qualified employment.]

2 [335.236. The financial assistance  
3 recipient shall repay the financial assistance  
4 principal and interest beginning not more than  
5 six months after completion of the degree for  
6 which the financial assistance was made in  
7 accordance with the repayment contract. If an  
8 eligible student ceases his study prior to  
9 successful completion of a degree or graduation  
10 at a participating school, interest at the rate  
11 specified in section 335.233 shall be charged on  
12 the amount of financial assistance received from  
13 the state under the provisions of sections  
14 335.212 to 335.242, and repayment, in accordance  
15 with the repayment contract, shall begin within  
16 ninety days of the date the financial aid  
17 recipient ceased to be an eligible student. All  
18 funds repaid by recipients of financial  
19 assistance to the department shall be deposited  
20 in the professional and practical nursing  
21 student loan and nurse loan repayment fund for  
use pursuant to sections 335.212 to 335.259.]

2 [335.239. The department shall grant a  
3 deferral of interest and principal payments to a  
4 financial assistance recipient who is pursuing  
5 an advanced degree, special nursing program, or  
6 upon special conditions established by the  
7 department. The deferral shall not exceed four  
8 years. The status of each deferral shall be  
9 reviewed annually by the department of health  
10 and senior services to ensure compliance with  
the intent of this section.]

2 [335.242. When necessary to protect the  
3 interest of the state in any financial  
4 assistance transaction under sections 335.212 to  
5 335.259, the department of health and senior  
6 services may institute any action to recover any  
amount due.]

2 [335.245. As used in sections 335.245 to  
3 335.259, the following terms mean:

4 (1) "Department", the Missouri department  
5 of health and senior services;

6 (2) "Eligible applicant", a Missouri  
7 licensed nurse who has attained either an  
8 associate degree, a diploma, a bachelor of  
9 science, or graduate degree in nursing from an  
10 accredited institution approved by the board of  
11 nursing or a student nurse in the final year of  
12 a full-time baccalaureate school of nursing  
13 leading to a baccalaureate degree or graduate  
14 nursing program leading to a master's degree in  
15 nursing and has agreed to serve in an area of  
16 defined need as established by the department;

17 (3) "Participating school", an institution  
18 within this state which grants an associate  
19 degree in nursing, grants a bachelor or master  
20 of science degree in nursing or provides a  
21 diploma nursing program which is accredited by  
22 the state board of nursing, or a regionally  
23 accredited institution in this state which  
24 provides a bachelor of science completion  
25 program for registered professional nurses;

26 (4) "Qualified employment", employment on  
27 a full-time basis in Missouri in a position  
28 requiring licensure as a licensed practical  
29 nurse or registered professional nurse in any  
30 hospital as defined in section 197.020 or public  
31 or nonprofit agency, institution, or  
32 organization located in an area of need as  
33 determined by the department of health and  
34 senior services. Any forgiveness of such  
35 principal and interest for any qualified  
36 applicant engaged in qualified employment on a  
37 less than full-time basis may be prorated to  
reflect the amounts provided in this section.]

[335.248. Sections 335.245 to 335.259  
2 shall be known as the "Nursing Student Loan  
3 Repayment Program". The department of health  
4 and senior services shall be the administrative  
5 agency for the implementation of the authority  
6 established by sections 335.245 to 335.259. The  
7 department shall promulgate reasonable rules and  
8 regulations necessary to implement sections  
9 335.245 to 335.259. Promulgated rules shall  
10 include, but not be limited to, applicant  
11 eligibility, selection criteria, prioritization  
12 of service obligation sites and the content of  
13 loan repayment contracts, including repayment  
14 schedules for those in default and penalties.  
15 The department shall promulgate rules regarding  
16 recruitment opportunities for minority students  
17 into nursing schools. Priority for student loan  
18 repayment shall be given to eligible applicants  
19 who have demonstrated financial need. All funds

20 collected by the department from participants  
21 not meeting their contractual obligations to the  
22 state shall be deposited in the professional and  
23 practical nursing student loan and nurse loan  
24 repayment fund for use pursuant to sections  
25 335.212 to 335.259.]

2 [335.251. Upon proper verification to the  
3 department by the eligible applicant of securing  
4 qualified employment in this state, the  
5 department shall enter into a loan repayment  
6 contract with the eligible applicant to repay  
7 the interest and principal on the educational  
8 loans of the applicant to the limit of the  
9 contract, which contract shall provide for  
10 instances of less than full-time qualified  
11 employment consistent with the provisions of  
12 section 335.233, out of any appropriation made  
13 to the professional and practical nursing  
14 student loan and nurse loan repayment fund. If  
15 the applicant breaches the contract by failing  
16 to begin or complete the qualified employment,  
17 the department is entitled to recover the total  
18 of the loan repayment paid by the department  
19 plus interest on the repaid amount at the rate  
of nine and one-half percent per annum.]

2 [335.254. Sections 335.212 to 335.259  
3 shall not be construed to require the department  
4 to enter into contracts with individuals who  
5 qualify for nursing education loans or nursing  
6 loan repayment programs when federal, state and  
local funds are not available for such purposes.]

2 [335.257. Successful applicants for whom  
3 loan payments are made under the provisions of  
4 sections 335.245 to 335.259 shall verify to the  
5 department twice each year in the manner  
6 prescribed by the department that qualified  
employment in this state is being maintained.]

2 Section B. Because immediate action is necessary to  
3 address the shortage of health care providers in this state,  
4 the enactment of section 191.592 of this act is deemed  
5 necessary for the immediate preservation of the public  
6 health, welfare, peace, and safety, and is hereby declared  
7 to be an emergency act within the meaning of the  
8 constitution, and the enactment of section 191.592 of this  
9 act shall be in full force and effect upon its passage and  
approval.

✓